DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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1	FOR - STATE REGISTRAR			DEPART		ICATE OF	DEATH	GIENE	REG. I	NO			
	CEASED NAME	FIRS?	7 12 1	MIDDLE		LAST		20 DATE C			DAY	YEAR	26 HOUR
(1YP	E OR PRINT)	BET	TY	LOUISE	AI	DAMS		May	31.	198	5		8:401
3 SE	X		4 RACE		5 DATE O	OF BIRTH		6. AGE (IN			IF UND	ERTYEAR	IF INDER , 4 HRS
1	Female		White		Dec		934		50	YRS	MONIN.	BATS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	1/1/		9. BALTIM	~ ~			EATH	
1	Maryland		USA		WIDOWI		MARRIED DIVORCED		А	llega	inv		M
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	IG HOME			120 USUAL	OCCUPA"	TION	12h		F BUSINESS OF
0	umberlan	đ	Mei	morial	ADDRESS)				etarv	OF WORKING		inar inar	nce Co
	AL RESIDENCE OF NUR	136 COUN		GIVE RESIDENCE BEFOR		A 124 INICIDE	CITY LIMITS?			4 710 60		TI GI	16000
30	MD	Alle		Cumberl		YES X	NO []	13e STREET		th Le		root	SHOW CONT
14 F.	ATHER'S NAME	111110			<u> </u>	725	R'S MAIDEN NA			CII LC	ال يا		
	Samuel J	. Mart	MIDDLE Lin	LAST			Isabel:	le Jen	kins			LAS	
	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORM			ADDI	RESS		Cum	berland
	VES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	579-46-	-7643	Ro	bert J.	Adams		Hust	and		yland
	18 CAUSE OF DEAT	H (Enter or	ly ane cause per	line for (a) (b) an	dies			Λ				APPROXI	MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEAT PART I. DEATH W		D BY. TE CAUSE (a)	Card	10-	resh	in outo	m) /+	2205	A			
		IMMEDIA		DAGA CONSTOUR	THEE OF	1	4	100	1	^			
	Canditions, if any	which	DUE 10, 0	RAS A CONSEQUI	on W Ca	d o	out co	el Ce	· oh	ny			
	gove rise to important cause (a), statis	mediate	DUE 70 0	16 1 601/6501	SHEE OF					0			
	underlying couse		100000	R AS A CONSEQU	ENCEOF								
	PART 2 OTHER SIGI	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEA	SE OR COM	NDITION G	IVEN IN	PART 10	9
NO	NA TRA												
MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUT	OPSY?	20b 1F Y	ES, WER	E FINDIN	NGS USED
TIFIC								YES	NO		YES [CAUSES	OF DEATH?
CER	21a. ACCIDENT WAS UN	_	LIGHT A		AV VEAD	21c HOW	NJURY OCCUR	RED (ENTERN	ATURE OF INJ	URY IN ITEM T	B PART I OI	R PART 2)	
AL	OR CONTRIBUTING		NIN .	M. MONTH DA	AY YEAR								
DIG	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCAT			CITY OR T		-	DUNTY	STATE
X	WHILE NOT WE AT WORK	THE D	(AT HOME STR	REET, FACTORY, OFFICE F	ARM, ETC.)	STRE	ET		CITY OR I	OWN		30111	STATE
	220.1 certify that (1)	-	tal) attended th	e deceased fram_	Fehri	ISTV	19_85	to	May 3		1,85		that (It (we) los
	saw the decent	ed alive on	May 31	19 8	2 =	2	y) (our) opinian	death occurr	ed on the	date and h	our and	from the	couses stated
	22b. SIGNATURE	ala) (ala na	Tyview the body	after death.		DEGREE					2	2c DATE	SIGNED
	a	1	Tour			MD	ATTENDING	MEDICAL	STA PHYSI	AFF ICIAN []			
	22d. PHYSICIAN'S N.	AME (TYPE C	(FNI)			22e ADDRI							
	Dr. Zan	nan					Medi	Memor cal B	lai	Ave.	mb o	emo	rial
230	BURIAL CREMATION		123b DATE	[23c]	NAME OF C	EMETERY OF	CREMATORY	123d LOC		, cu	mbe	гта	21502
	Cremation		6 -3-8				ral Ch.		YORTOWN	una D	cour		STATE
	UNIEDAL DIDECTOR		10-2-0	11103	Scuale	, i ui ic.	lat CII.	I I Id	CTIISU	urg B	EIKE	TeA	WV

DHMH - 16 60M 7/84 (VRA 15, 4)

Scarpelli Funeral Home

TO HOSPITAL

TO FUNERAL DIRECTOR, After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove conwith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Hem 21 is marked or Item 18 shaws any



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		CEASED NAME IN	FIRST	-•,	MIDDLE	£A.	ST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		IR		IMM	ALL	MAN		MAY 27 1985		12:00
	3. SE	male		RACE Whit	e	5. DATE OF	18-1915 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONINS DAT	
16	7a. B	RTHPLACE (STATE OF	Th CITIZEN OF WHAT COUNTRY? 8 MAI WIDE DE DEATH 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS		8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
影	1 .	TY OR TOWN OF DEA			NG HOME OR OTHER INSTITUTION ADDRESS)		ALLEGANY CO. 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN retired	126 KIND	OF BUSINESS	
46	130. 5	MD	13b COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR TOW Cumber1	ADMISSION)	AES K NO [13e.STREET ADDRESS / ZIP C 1123 Bedford	ope Street/	21502
1/	1		n Hen	ry Allma	an LAST		15 MOTHER'S MAIDEN NA	aret Carrico		LAST
/ medical		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU 232-22-		Mrs. Ramonia	Allman, Cumbe		MD - Wi
Par and		Canditians, if any, gave rise to imm cause (a), statin	mediate ng the	(b)	R AS A CONSEQUE	well	unfruor	on free	er /	51
Owe injury, or ather true	TIFICATION	gave rise to imm cause (a), statin underlying cause	mediate ng the lost	DUE TO, OF	R AS A CONSEQUE	DEATH BUT I	NOT RELATED THE VIEW	UNAL DISPASE ON CONDITION CALLERY TELL 1760 AUTOPSY? 1760	CYC	DAG MIGS USED
Grand April of other training	CERT	gave rise to improve to the course (a), statir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTIFY MEDI	mediate g the lost NIFICANT CO TION DERLYING CAUSE OF DEAT CAL EXAMINER)	DUE TO, OF	DITRIBUTING TO DESCRIPTION FOR WHICH	DEATH BUT I	N WAS PERFORMED	UNAL DISPASE OF CONDITION LITTLE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	TES, WERE ENS	MNGS USED ES OF DEATH!
had or the showing righty, or other trans		gave rise to improve the couse (a), statir underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 21a, ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. IN JURY OCCUR.	mediate ng the lost NIFICANT CO TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED	DUE TO, OF	DONTRIBUSING SO DE LES CONTRIBUSING SO DE LES CONTRIBUSING SO DE LES CONTRIBUSIONES DE L	DEATH BUT IT OPERATION	N WAS PERFORMED	UNAL DISPASE OR COMOTTON LETTER TO LETTER THE AUTOPSYT NO. IF IN CE	TES, WERE ENS	MNGS USED ES OF DEATH!
21 a marked or the Mathematical injury, or ather true	CERT	gave rise to improve the course (a), statir underlying cause PART 2 OTHER SIGN 90 DATE OF OPERA 210, ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTHY MEDI 216, INJURY OCCUR AL WO 220,1 certify that (b) sow the decess	mediate g the s lost NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (Ithis haspite ed alive an expected the content of the	DNDITIONS CC 196 CONDI 196 CONDI 216 TIME O HOUR A. P. 21e PLACE (IAI HOME STR	DITRIBUTING TO DE LE	DEATH BUT IT OPERATION AY YEAR 19 ARM ETC	21¢ HOW INJURY OCCURI	THE AUTOPSY? THE PINCE	TES, WEHE EMETTER AND TES COUNTY	STATE OF DEATH
d. if hem 21 is marked or the Mades Co. interview	CERT	gave rise to improve the course (a), statir underlying cause PART 2 OTHER SIGN 90 DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING (IF ETHER NOTIFY MEDI 21d. INJURY OCCUR 220.1 certify that (b) saw the decease	mediate g the s lost NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (Ithis haspite ed alive an	DNDITIONS CC 196 CONDI 196 CONDI 216 TIME O HOUR A. P. 21e PLACE (IAI HOME STR	DITRIBUTING TO DE LE	DEATH BUT IT OPERATION AY YEAR 19 ARM ETC.)	216 HOW INJURY OCCURI 216 LOCATION STREET 19 d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN E	THE AUTOPSY? THE PINCE VES NO ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	COUNTY 19'haur and from the	STATE OF DEATH
WORTANT, if them 21 is morked or the CN4 showngry, injury, or other trial	CERT	gave rise to improve the course (a), stalling underlying course PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. IN JURY OCCUR 22a, certify that (b) saw the decease	mediate g the s lost NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (Ithis haspite ed alive an	DNDITIONS CC 196 CONDI 196 CONDI 216 TIME O HOUR A. P. 21e PLACE (IAI HOME STR	DNTRIBUTING TO DE TITION FOR WHICH THE INJURY M. MONTH DA M. MONTH DA M. MONTH DA M. MONTH DE TITION OF INJURY OF IN	OPERATION AY YEAR 19 ARM ETC	216 HOW INJURY OCCURI 216 LOCATION STREET 19 d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN E	DINAL DISPASE OF CONDITION THE AUTOPSY THE PROPERTY IN TEM CITY OF TOWN TO AUTOPSY THE PROPERTY IN THEM CITY OF TOWN MEDICAL STAFF	COUNTY 19: haur and fram the	stale that (I) (we he causes state

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.	

	CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
479.60	E CH PRINTS	GRETCHE	N M.	AMIC	CK	MAY 28, 198	35	4:33A M
1.56	X	4 RAC	E		OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YE	
,	Female		White	Marc		76	YRS.	TS HOURS MIN
	IRTHPLACE (STATE OF	REFOREIGN 76 CIT	IZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
	W. Va.	1	U.S.	WIDOW		Allegany		MD.
10. C	ITY OR TOWN OF DE		AME OF HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		D OF BUSINESS OR
	MBERLAND	MEM	ORTAL HOSP	ITAL		Nurse	1	spital
IJE.	AL RESIDENCE (IF NUI	ISING HOME OR OTHER IF	STITUTION GIVE RESIDENCE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	3666
	Pa.	Bedford	d Bedi	ford	YES NO	Pennknol1	Village /	7979
48.57	ATHER'S NAME	WIDDIE	ĮAS	T	15. MOTHER'S MAIDEN NA	AME		LAST
1	George	W.	Morey	7	Grace		Wotr	ing
	WAS DECEASED EVE	R IN U.S. ARMED FO		SECURITY NO.	17 INFORMANT	ADDRES	iS	
	No			4-6188	Ann Whitmore	137 Palma	Del Rio La	sVegas Ne
			couse per line for (o), (bi, and	1 1-1	0	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH	WAS CAUSED BY	SE (o)	Ken	al failu	re.		
		DI	UE TO, OR AS A CONS	SECTION OF OF	0 /	- 1-11 1		
	Conditions, if on		(L)	Chal	inic glow	encompari 1	3	
	gove rise to in	mediate	(0)		1			
	couse (a), state		UE TO, OR AS A CONS	SEQUENCE OF				
		,	(c)					
Z	PARI 2 OTHER SIC	//_	SIC DA	S TO DEATH BUT	NOT RELATED TO THE TERM	It heiten	Test -	1141
CERTIFICATION	190. DATE OF OPERA	V . /	b CONDITION FOR W	HICH OF ERATIC	ON WAS PERFORMED	70n ALFORS 2	THE IT YES, WERE FIN	
Ħ	S. LED					YES TO NOT	WEST THE	SES OF DEATH?
CER	210. ACCIDENT WAS UN		TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURE	IN ITEM 18 PART I OR PART	21
	OR CONTRIBUTING	CHOSE OF DEATH	OUR A.M. MONTH	DAY YEAR				
MEDICAL	214 INJURY OCCUI	RRED 21	PLACE OF INJURY		211 LOCATION			-
M	WHILE NOT V	WHILE ORK	THOME STREET, FACTORY, O	FFICE, FARM, ETC)	STREET	CITY OF TOW	OUNTY COUNTY	STATE
			ended the deceased f	rom	19	to	19	_, that (i) (we) last
			the body after death.		nd that in (my) (our) opinion			
	22b. SIGNATURE	(did) (did Hit) view	the body affer death.		DEGREE		22c. DA	TE SKINED .
	2 0 0 1 10	160111	tan	/	17 ATTENDING	MEDICAL STAF	AND 3	198/85
	220. PHYSICIAN'S N	IAME I I I			22 MEMORIAL HO		CUMBERLAN	D.
	DR. RANJI	THAN			MEDICAL BUI		MARYLAND	21502
230	BURIAL CREMATION	REMOVAL 23b.	DATE	23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION		
	Burial	Ma		Manlau	ood Cemetery	Kingwood	. Preston	W. Va.
24 FI	UNERAL DIRECTOR	1 1 /	y , 1,0)	Taptew		TE REC'D. BY REGISTRAR 2		
1	1.9/1.11	takai	100	RESS CIT	6. Va JUN	0.34985	1: Kill &	0 4 00
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and the state of t with the same and led in by the funeral di ld be filed within 72 ha FOR DEPARTMENT OF HEALTH AN CERTIFICATE OF STATE CERTIFICATE OF STATE OF ST

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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y usia Davidson-Rondale

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
MM ORPRINTI Hann	ah Marv	ANGSTOSju	05	110/85 6:45 AM
) SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	oct. 20, 1895	89 v	MONTHS DAYS HOURS MIN.
Ta. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
PA PA	USA	WIDOWED DIVORCED	Allegany	MD
O CITY OR TOWN OF DEATH		ING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Cumberland		Nursing Center	Bookkeeper	Insurance
JSUAL RESIDENCE (IF NURSING HOME ()	JNTY 13c. CITY OR TO		13e STREET ADDRESS	
Maryland All	egany Cresap			Ave./21502
4. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	TAST
Thomas	Morgan	201	MIDDEL	Mackey
160. WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, C	569-52	-0195 Mrs. Elair	ne Brauer - C	resaptown. MD
	000 000		2	APPROXIMATE INTERVAL
PART I, DEATH WAS CAUS	only one couse per line for (a), (b), one both services (b), (b), one couse per line for (a), (b), one couse per line for (a), (b), one couse per line for (b), (b), one couse per line for (a), (b), one couse per line for (b), (c), (c), (c), (c), (c), (c), (c), (c	and ic	to	BETWEEN ONSET AND DEATH
IMMEDI	ATE CAUSE (0)	iona jureum	mb.	
	DUE TO, OR AS A CONSEQ	UENCE OF		
Conditions, if ony, which	(6)			
gove rise to immediate	(0)			
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF		
3,00	(c)			
	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 10
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. 11	YES, WERE FINDINGS USED
5			IN CE	RTIFYING CAUSES OF DEATH?
Ta			YES NO	YES NO
	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMIN		19		
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	1	317.12
	pital) attended the deceased from	1/V 10 82	5/10	that (I) (we) last
sow the deceased alive of	1/4		n death occurred on the date and	
abave, (1) (we) (did) (did)	not view the bady after death.			
22b. SIGNATURE	- 0.	DEGREE	MEDICAL STAFF	224 DATE SIGNED
H	acus	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/1/20
22d. PHYSICIAN'S	OFFRINT)	22e ADDRESS	0011	2 11 11 11
V. 14A	-LM01	302 6	eli Voint (111/201/11/
AN DUDIN COSMANION DEMON				
	1 122 DAYS	NAME OF CEMETERY OF CRESS ATOMY	1224 LOCAT IN	cura cucara, p. 4.
23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
Burial		NAME OF CEMETERY OR CREMATORY Penn-Lincoln Me	CITY OR TOWN	on, Westmorelar

MAY

LaVale, MD

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physicion

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injury, ar other traumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

John J.

Hafer, Jr.

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40218	,	David A.	Burdock FH	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 5	12/87
(F)		REGISTRAR KİTZMİL	ler, MD	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
		OR PRINT) Charle				20 11001
de de	3 SEX		4 RACE	Aronhalt Is date of Birth	May 10, 19	FUNDER TYEAR IF UNDER 24 HR
1 00.		ale	White	Aug 8 1919	65 YRS	MONTHS DAYS HOURS MIN.
1 1200		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUN	TY OF DEATH
1 1 45		Mt. Storm	USA	WIDOWED DIVORCED	Allegany Co	ounty. Mc
115/	1	umberland	(IF NOT IN SUCH FACILITY, GIVES	RSING HOME OR OTHER INSTITUTION TREET ADDRESS) THE HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING COAL Miner	126 KIND OF BUSINESS OR INDUSTRY
1186	13a S	AL RESIDENCE (IF NURSING HOME OF TATE NUMBER MIN	TY 13c CITY OR 1		130 STREET ADDRESS / ZIP CO	DE 9999
1100		THER'S NAME	ciai Lin c	15. MOTHER'S MAIDEN N		
11 72	E	dward	Aronha	alt Elsie	WIDDLE	Kitzmiller
37/12		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	SECURITY NO. 17 INFORMANT	ADDRESS	
		es WWI	I 232-2	6-2248 David A.	Burdock Kit	zmiller,Md
physician frante has been signed by the attending phy transfigure and. Then places renove carbon pa if hygime prior to barriol, cremation, or remo- 18 shows any ritury, or after traumant even.	L CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE OF DATE OF OPERATION	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) ONDITIONS CONTRIBUTING (19) CONDITION FOR WE	EQUENCE OF TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED 216 HOW INJURY OCCUI	U 200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
d Ments	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2 FUNERAL DIRECTOR: After outd be deteched for use in the fifth the State East of Health on PORTANT. If here 21 is marked	W.	WHIE AT WORK NOT WHIE AT WORK 22a. I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE PHYSICIAN'S NAME ITYPE C Donald Mar.	tol) apended the deceased from the wife body after death. H. Mangher (R. PRINT)	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
000	23a B	URIAL CREMATION REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
77		"Burial	5-13-85	Mt. Storm Hemet		
1 - 16-60M 7/84		INERAL DIRECTOR	ADDRE	E55	TE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
(VRA 15, 4)	U	avid A. Burd	ock Kitzmi	ller Md MAY 1	O BOOK SUMMERINE	A STATE OF THE PARTY OF THE PAR

STATE OF MARYLAND

David S. Furdeck St. ON CHAILING TO

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Allegany County

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	STATE REGISTRAR		DEI ARTI		CATE OF D	EATH		. NO.		
	CEASED NAME FIRST E OR PRINT) Carl		roy	Atkin	son		0. DATE OF DEAT	MONTH 5	1 /85	26 HOUR 2 35 A
3. SEX		4. RACE		5. DATE O			AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAY	
-	Male	White		Jul	y 2/1.	1923	61	YRS		nours min.
7a. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	NEVER M		BALTIMORE CIT	Y OR COUN	ITY OF DEATH	31530
Ì	Maryland	U.S.	A .	WIDOWE		ORCED TO	Allega	any		MD
	Frostburg		DSPITAL, NURSING FACILITY, GIVE STREET CO	ADDRESS)			20 USUAL OCCUP TYPE OF WORK FOR MC	ST OF WORKING	G LIFE) INDUSTR	OF BUSINESS OR Y
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	egany	residence befor 3c. CITY OR TOW Frost	/N 1	Carr			ss Cull	oh St.	, 21532
14. FA	Paul	MIDDLE Atk:	inson			MAIDEN NAMI IRST I el	MIDD	Ro	binson	AST
	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES!	66. SOCIAL SECT		Mrs.		Lewis,	Same	as 13	9
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			deceased from	1	115	10 81	10 1	Y	10 85	, that (I) (we) last
	22a.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did to	n 1/2	1 19	85 , an	d that in (my) (our) apinian de	oth occurred on th	e dote and l	haur and from th	ne causes stated
		n 1/2	free death. 19_		DEGREE		MEDICAL DIRECTOR PH			re causes stated
	saw the deceased olive a above, (I) (we) (did) (did a	lupel 1	free death. 19_		PEGREE AA P 22e. ADDRESS	TENDING HYSICIAN		STAFF YSICIAN [22c. DA1	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbonpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, as remaval. ATTENDING PHYSICIAN: The lo etained by the haspital ar attending phy TO HOSPITAL BP.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Durst Funeral Home, Frostburg

23b. DATE

May

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY Cremation

23c. NAME OF CEMETERY OR CREMATORY 22185 Smithsburg

ATORY 23d. LOCATION
CITY OR TOWN

EMALORY Smithsburg, Wash,
25d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Crematdry

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

The funeral director, page 3

completely filled

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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230 Baltimore Ave.

Cumberland

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Y B	3 SE	Fem.	4. RACE	S. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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on and co		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN] {IF YES GO	VE WAR OR DATES!		William J.	ADDRESS Baumiller 6(Hilltop Rd.
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TO HOSE retoined TO FUN should b with the IMPORT	23o E	WAYNE C. SPI	. 23b. DATE	Pac NAME OF C	912 SETON	DRIVE, CUMBERLA	
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DHMH - 16 60M 7/84 (VRA 15, 4)		ohn C. Mille	r Inc. 6415	Belair	Rd. JUN	FREC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE

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dampleton and 2 la	1	10	Heath Beasley Is MOTHER'S NAME Heath Beasley					nna Cochiran	LAST	
e erecut n and co	medicol	1		(AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? NAR OR DATES) 224-03-4		Mrs. Nellie	ADDRESS R. Beasley, LaVa	ale, MD – wife	
equires that the death certification is signed by the attending parties of the properties of the prope	to buriol, cremotion, or rem njury, or other troumatic eve		NO	Conditions, if ony, which gove rise to immediate cause iot, stofting the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE b) DUE TO, OR AS A CONSEQUE (c)	NCE OF		HE LUNG		
he law range.	ene	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	
SICIAN: Ting physicial certificate	Mental Hygi	9		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [15 EITHER NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)	
offending offer this cert	hond M	4	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
hospitol or RECTOR: Albed for use of	n 21 is mo			270.1 certify that (I) (this hospital) attended the deceased fram 19 to						
by the	with the State Dept MPORTANT: If Hen	1		776. PHYSICIANT NAME LITTE ORP	(Int)		ATTENDING PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN	271 DATE SIGNED 5-18-85	
etained TO FUNI Should by	POR P	1	-35	SUSANF.	SCHURRIZ	m	D . RT.S 36 &	40, FROSTBURG PI	LAZA, FROSTBURG,	
5 5 5 4	3 ≥		23a B	URIAL, CREMATION, REMOVAL	236 DATE 236 N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	MD 21532	
BP			(Burial	05-21-1985 St	. Mai	cy's Cemetery	Cumberland	Allegany MD	
DHMH - 16 6	50M 7/		24 FL	NERAL DIRECTOR			250 DATE	REC'D. BY REGISTRAR 256 REGIS		
(VRA 15			_	James F. Scarpe	elli, Cumberland	, MD	21502	4 1985 Late Karia	- Andere	

Lacony.

SCAPPILL PLEEDY HOLE 105 VIRGINIA AVE.

9/11/2070

M. A SALE

221+034-320

h	STATE OF
.58089 FOR STATE	DEPARTMENT OF HEALT
- STATE REGISTRAR	CERTIFICA

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8

REGISTRAR			CERTIFICA	ALE OF DEATH		REG. NO.		
I. DECEASED NAME FIRST	MI	DDLE	LAST		2a DATE OF	DEATH MONTH	QAY YEAR	26 HOUR
(TYPE OR PRINT) ALVIN	CF	ORGE	BEEMAI	J	MAY 2	9. 1985		1:31A
3. SEX	4. RACE		DATE OF B	IRTH	6. AGE INYE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Male	White		10	9 1928 YEAR	56	YRS	MONTHS DATS	HOURS MIN
To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8			9 BALTIMOR	RE CITY OR COUN		
Maryland	U.S.A.		MARRIED L	NEVER MARRIED DIVORCED		- Cound	han	
10 CITY OR TOWN OF DEATH		DSPITAL, NURSING			120 USUALC	any Count	12b. KIND	OF BUSINESS OR
CUMBERLAND		HÖSPITAL			Kelly	FOR MOST OF WORKING	INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME (130. STATE 1136 COL		IVE RESIDENCE BEFORE AD 3c. CITY OR TOWN		INSIDE CITY LIMITS?	13e STREET A	DDRESS / ZIP CO	DE	
Maryland Alle	gany	Barton	Y	ES 🖹 NO 🗌	Rt.	1 box 307	7 21521	
14 FATHER'S NAME	MIDDLE	LAST	15.	MOTHER'S MAIDEN	NAME	WIOOLE	14	67
Howard A.	Beemar			Alice	Marie	Garli		131
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 1	66 SOCIAL SECURIT	TY NO. 17	INFORMANT		ADDRESS		
	W 11	220-24-75	42	Mrs. Emoge	ne Beema	n Bartor	n, Md.	21521
18 CAUSE OF DEATH Enter	only one cause per li				1 -		APPRO BETWEEN	XIMATE INTERVAL
PART I. DEATH WAS CAUS	SED BY ATE CAUSE (a)	Rome		12 Marca	6. C	olon	Maria Carlo	
IMMEDI		1	1			/		
	DUE TO, OR	AS A CONSEQUENT	EE OF	1	11.	load	1.	
Conditions, if ony, which	(b)	lyan	ter	eller	euc	, I cour	Key	
gove rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUEN	CERE			U	. 10	
underlying cause last.	1000	necen	KNIZ	2 ASCI	VD C	CAIT	At	
PART 2 OTHER SIGNIFICANT	CONDITIONS COM	NTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE JE	RMINAP DISPASE	OR CONDITION G	SIVEN IN PART 1	a
				4 6	-00			
190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH OF	PERATION V	AS PERFORMED	20a AUTO		ES, WERE FIND	
	The state of the				YES		TIFYING CAUSE	S OF DEATH?
710 ACCIDENT WAS UNDERLYING	71b. TIME OF	INJURY	17	c. HOW INJURY OCC				NO []
OD COLUMNIA IN CALLER OF S	BEATH HOUR A.M	MONTH DAY			1,000			
LIFEITHER NOTIFY MEDICAL EXAMIN			19					
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE O	F INJURY T, FACTORY OFFICE, FARM		LOCATION		CITY OR TOWN	COUNTY	STATE
AT WORK NOT WHILE				System 1 - 1				/
22a I certify that (I) (this has			25	17 19 8		122	1982	, that (1) (we) last
sow the deceased alive	5/2		5 , and t	nat in (my) (our) opinio	on death occurred	on the date and h	aur and from the	e couses stated
226. SIGNATURE	not view the body o	ner deam.	DEC	REE			22c DAT	ESIGNED
11/18	lde-	1	4.1)	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		
224 PHYSICIAN'S NAME (TYPE	OR PRINT)		27	Memorial H			rland,	
DR. THADDEUS	ELDER				Building	Maryl		21502
230. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NA	ME OF CEM	TERY OR CREMATOR	Y 23d LOCA	TION		
(SPECIEY) Burial /	6/1/80	Laur	rel Hi	ll Cemeter	y Bart	on Allege	anyounty a	STATE
24 FUNERAL DIRECTOR	1000	11/1	200	25a D		GISTRAR 251 REGI	100 =	ryland
Boal's Funeral	Service	westernpo:	rt, Mo	. JUN O	3,1985	gutia Days		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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13	601
10	ofter death. Page 4 may be
AORE, MARYLAND 21201	executed

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM

FOR - STATE REGISTRAR 1. DECEASED NAME

TTYPE OR PRINT

male

10 CITY OR TOWN OF DEATH

Cumberland

USUAL RESIDENCE 130. STATE MD

7a BIRTHPLACE

3 SEX

FIRST

NURSING HOME OR OTHER INSTITU 13b COUNTY Allegany

James Raver

23b. DATE

James F. Scarpelli, Cumberland, MD 21502

05-10-1985

230 BURIAL, CREMATION, REMOVAL BUTIAL

24 FUNERAL DIRECTOR

4 RACE

white 76 CITIZEN OF WHA

(IF NOT IN SUCH FAC

Memoria]

USA 11. NAME OF HOSE

HOWARD

I STATE OR FOREIGN

MIDDL

MERI

DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	5 REG. N	10.	2	1	9	6
	Ŀ	AS1	20 DATE OF E	HTA3C	MONTH	DAY Y	EAR	25 HOL	JR .
E	BEND	ER	May	8,	1985			6:4	5a.M
	5. DATE C	DE BIRTH DAY 909 YEAR	6 AGE LINYEA		YRS	IF UNDER	DATS	HOURS	MIN.
T COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	A11 a a a m r r						MD.
PITAL, NURSING HOME OR OTHER INSTITUTION ILITY, GIVE STREET ADDRESS) Hospital			170 USUAL OF	OR MOST		FE) INDU	ISTRY	F BUSINE	ess or essin
Cumberland YES NO 15 MOTHER'S MAIDEN NAM		13e.STREET AL 1302		/ zip cob		ue/	2150)2	
			MIDDLE			LAS			

Memorial Hospital Medical Building Cumberland, MD 21502

Allegany ... MD

23d LOCATION

Park

Cumberland

4. FATHER'S				15 MOTHER'S MAIDEN NA			
	Daniel Ben	der	LAST	FIRST A.	lpha Crabtre	e	LAST
	CEASED EVER IN U.S. ARA RUNKHOWN) (IF YES GIVE S WW	MED FORCES? WAR OR DATES!	16b SOCIAL SECURITY NO. 214-07-1336	17 INFORMANT	ADDRE	, Cumber]	land, MD-wife
	USE OF DEATH (Enter onl RT I. DEATH WAS CAUSED IMMEDIATION		Ine for 101, (b), and (c)	ACAR	REST	8	APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH
	itions, il ony, which	(Ib)	R AS A CONSEQUENCE OF	1-2		2	PORYS
couse	to, stating the lying couse lost	DUE TO, OI	AS A CONSEQUENCE OF	D-			Very
PART 2	OTHER SIGNIFICANT C	ONDITIONS CC	Seve	T NOT RELATED TO THE TER/	VINAL DISEASE OR CON		
E E	TE OF OPERATION	TIN CONDI	TION FOR WHICH OPERATIO	ON Was PERFORMED	200 AUTOPSÝ?		FINDINGS USED AUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYING THE STREET WAS UNDERLYING TO CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER	IH	M. MONTH DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR	PART 2)
<u> </u>	JURY OCCURRED	71e PLACE	OF INJURY EET FACTORY, OFFICE, FARM ETC 1	711. LOCATION STREET	CITY OR TO	wn cou	UNTY STATE
501	ertify that (1) (this hospit w the leceased alive av (clid) (and not	5/1	1905	and that in (Ny Dur) apinion	5, to	19 E	om the couses stoted
SHE SHE	URE	m	12	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF _	DATE SIGNED

77e ADDRESS

230 NAME OF CEMETERY OR CREMATORY

Sunset Memorial

should be detached far use as TO FUNERAL DIRECTOR. MPORTANT. If them 21 is BP.

as the burial-transit permit. Then please and Mental Hygiene priar

marked ar Item 18

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

1		FOR	
J	-	STATE REGISTRAR	

CUMBERLAND

no

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	5	2	1	9	1

REGISTRAR								
DECEASED NAME	BERTHA		MILDRED	BOGGS	MAY 13, 1985	OAY YEAR	1:30P	
SEX		4 RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER	241
female		wh	ite	10-25-1910 YEAR	74 _{YRS} .	MONTHS DATS	HOURS	٨
BIRTHPLACE (STATE O	REGREIGN	76. CITIZEN	OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	TY OF DEATH		

BIRTHPLACE (STATE	OR FOREIGN 76. CITIZ	EN OF WHAT CO	DUNTRY? 8			
COUNTRY)	1	ICA	MARRIED			
PA		IDH	WIDOWED		NORCED	
CITY OR TOWN OF	DEATH 11 NA	ME OF HOSPITAL	NUIDSING HOME OF	OTHER IN	MOUTITIES	

Allegany 12b. KIND OF BUSINESS OR

Goldie M. Lewis, Greenspring, WV-sister

INDUSTRY retired presser Laundry

MD	Allegany	Cumberland	YES NO	O	307	Jefferson	Street/21502
FATHER'S NAME FIRST V	alentine Wertz	LAST	15. MOTHER'S M	1	т.	Bennett	LAST
WAS DECEASED E	VER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	

MEMORIAL HOSPITAL & MEDICAL CENTER

IL CAUSE OF DEATH (Ent	anly one course per the Alia Margarithms	APPROXIMATE INTERVAL METWEEN CHASE LAND CRA
PART I DEATH WAS CA	DIATE CAUSE (a)	
	DUE TO OF CAPTIENCE OF HE	- FA (1) (2) (1) (4)
Conditions, if ony, which gove rise to immediate couse (a), stating the		Name of Street
underlying couse lost	A CCVV	

ALL BUILDY OCCUPATED	Tax and a second second	AND LOCATION				
(IF EITHER NOTHY MEDICAL EXAMINER)	P.M. 19					
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2		
			YES NO	YES 🗌	NO 🗌	
THE DAIL OF CHARLOT	THE CONDITION TO A WHICH OF EACH	THE TENTON CONTROL	*	IN CERTIFYING CAUSES OF DEATH?		

that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

MEMORIAL HOSPITAL

DR.	TERRY	WILLIAMS		
2	T THEFT	***************************************	CIMBERLAND	MADVI AND

''Burial	05-16-1985	Sunset Memorial Park	Cumberland	Allegany	
		Suncet Memorial Park	Cumbor land	ATTOGODY	,
1230 DUNIAL, CREMATION, REMOVAL					

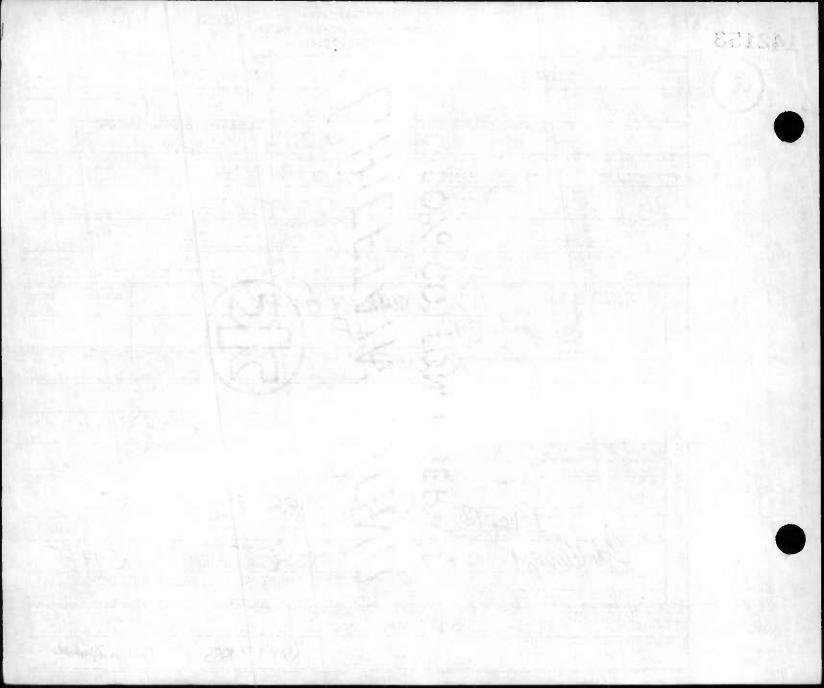
DEGREE

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502 (VRA 15, 4)

ould be detoched th the Stote Dept.

MPORTANT

DHMH - 16 60M 7/84



143141	1	1 -	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		. NO.	2	7 7 0	
			EASED NAME	FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
noy be poge 3 or death	1	TYPE (OR PRINT)	ENDEI	LL	R.	ВО	GGS	May 16	, 198	5	3:57	
mo free po	3.	SEX	П	4.	RACE		5. DATE C		6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
recto urs o	1	m	ale	le		white		-26-1924 YEAR	60	YRS			
h. Polding	70		THPLACE (STATE OR FO	DREIGN 76	76. CITIZEN OF WHAT COUNTRY? 8			NEVER MARRIED					
uner deot	2		WV		USA	-	WIDOW	the state of the s	Alle		ME		
by the f		Cumberland			(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREE Prial H	T ADDRESS)	al	Tet. Sgt	IFEL INDUSTRY	of BUSINESS OR ine Corp		
24 hours	3 1	SUA la S1		13b COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? Egany Cumberland YES X NO D			13e STREET ADDRESS / ZIP CODE 643 Hilltop Drive/21502					
1 1 1	114	FAI	HER'S NAME					IAME					
7 7 7	/		Guy Bog	gs MI	DDIE	LAST		Mildr	red Bean	E	LA!	51	
	1 16		AS DECEASED EVER II	N U.S. ARMI		166 SOCIAL SEC	URITY NO.	17. INFORMANT		DRESS			
1 2 1/		(1)	yes	(IP YES, GIVE V	VAR OR DATES	220-16-	-6676	Mrs. Margar	et Boggs,	Cumber]	Land, M) - wife	
4 0000		T	8 CAUSE OF DEATH	Enter only	one couse per	line for to , (b), o	nd IE	Α			APPROX	XIMATE INTERVAL	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			PART I. DEATH WA	MMEDIATE		Cond	egani	morny an	ent		242	modest	
ndir corr , or					DUE TO, O	R AS A CONSEQU	JEMCE OF	/			16	A	
deo nove oftor			Conditions, if ony, gove rise to imme		(b)_		1				9	abyr	
that the about the ease remol.			cause (a), stating underlying cause		DUE TO, O	R AS A CONSEQU	JENCE OF	D	9 49			SLA	
requires that en signed by Then please or to buriol, cr			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Concrete anext X - + Curlor and Contra										
orice &	1	CEKTIFICATION	9a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFO					N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	S OF DEATH?	
The horse pygren		X .	210. ACCIDENT WAS UNDE	21b. TIME C	E IN HIRY	YES NO		ES DEPART 2)	NO []				
g physici g physici cernficote riol-tronsi entol Hygi			OR CONTRIBUTING CA	AUSE OF DEATH	HOUR A.	M. MONTH D	DAY YEAR	THE HOW INSORT OCCU	TRED (ENTER NATURE OF	NJURT IN HEM IS	PART TORPART 2)		
G PHYS ottendir er this s the bu		MEDICAL	WHILE NOT WHILE			OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITYO	RIOWN	COUNTY	STATE	
ATTENDING PHYSICIAN: The lo ospitol or otherding physicion. ECTOR After this certificate hos d for use as the buriol-transit peri of the other of Mental Hygiene F m 21 is marked or them 18 shows			sow the deceased		2 4	A ADDRESS OF THE PARTY OF THE P	5-1	d that is (my) (our) apinio	n death accurred on the	1		that we) last	
R ATTEN hospitol RECTOR ned for u spt of He			22b SIGNATURE	d) (tild nor)	view the body	ofter deoth.		DEGREE			22c DATE	SIGNED	
- 0 % D % D #			4	100	Uni			ATTENDING PHYSICIAN	DIRECTOR PHY		16	my 85	
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote			22d PHYSICIAN'S NA						Frederic				
O HOSi			Dr. Anth						berland,	MD 21	502		
BP		E	irial, cremation, r UTial	EMOVAL	236. DATE 05-18			emetery or crematory ap VA Cemete	ry Flints	stone	Allegan		
DHMH - 16 60M 7/84 (VRA 15, 4)	24	-	veral director lames F. Sc	arpel	li, Cu	mberland	, MD 2		2 0 1985	AR 256 REGIS	TRAR'S SIGNAT	TURE	
	-												

-1	m	STATE
		REGISTRAR
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FOR

REG. NO.				
NWC	MONTH	DAY	YEAR	76 HOU

STATE

MD

STATE Md

-		E OR PRINT)	01	l Michael	D	1 1 - 1-					OF DEATH	ESTI- XX	MOIVIII		_ /8 1100k
100	3 SEX	I4 RAC	IDER 1 YR.	IF UNDER	0.4 UDC	2c. DATE	MATEU	5 MONTH	27 19 8	5 M					
(3.6 E)	3 357	- KAC		DATE OF BIRTH	YEAR	6. AGE (IN YE			HOURS	MIN.	PRONOUN	CED			74 1100K
2007000	Ma		au	07-29-	1910	74 YI	RS.				DEAD		5		5 0930M
SSA WESS		RTHPLACE (STATE OR		L CITIZEN OF WH	AT COUN	ITRY?	MARRI	ED X NE	VER MARRI	ED 🗆	9 BALTIMO	DRE CITY O	R COUN	TY OF DEAT	4
DANG & F		MD	-	USA			WIDOW	ED 🗆	DIVORCE	D O	A1	legan	v		MD
る音楽品	10. CITY OR TOWN OF DEATH			1 NAME OF HOSE			E, OR OTH	ER INSTITU	TION		SUAL OCCUPATION (TYPE OF WORK 12b A			12b KIND O	
APARTON OF	Cin	mberland	2	537 Bishop Walsh Drive re				etired			Count	v Roads			
E8898/2/	USU/	L RESIDENCE (IF IN NU	RSING HOME OR	OTHER INSTITUTION, GIV	RESIDENCE	OR TOWN	ONJ	13d INSIDE C	ITY LIMITS?	13e STR	EET ADDRES	SS	1	100	2
ANTION .	M	arvland	Alle	rany		mherla	nd_	YES 💢	NO 🗌	Apt	7 53	37 Bis	hop	Walsh	Drive
1020E1/7		ATHER'S NAME		MIDDLE		LAST		15 MOTH	ER'S MAIDE	NNAME		DDLE		LAST	
28.55			Joseph	Broderic					***************************************		Ethel		an		
NO NO N	160. WAS DECEASED EVER IN U.S. AR					IAL SECURIT	Y NO.	17. INFOR	TAAN			ADDRESS			
A AFE		ng.	(IF TES, GIVE WA	IR OR DATES)	217	-10-52	58	Mrs.	Laru	e C.	Brode	erick,	Cum	berlar	id, MD
S W G		18 CAUSE OF DEAT			for (o), (b), ond (c).)								APPROXI	MATE INTERVAL
PERSONAL PROPERTY.	1	PART I DEATH W		3Y: CAUSE (o)	rdia	c arre	c t							Sudd	
25 E S S S S S S S S S S S S S S S S S S			IMMEDIATE	DUE TO, OR											
HIN NSI A		Conditions, if		0-			h	0024	diana					Year	·c
ENCH ENCH ENTA OR R		gove rise to couse (o) stating		DUE TO, OR		ry arti		eart	ursea	56				Teal	5
004	-	lying couse lost.													
XECUTE VG" IN CAL EX. BURIAL AND A	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to														
D BE EXECUTE ENDING" IN MEDICAL EX AS A BURIAL ALTH AND A CREMATION															
	1 2	Post-oper	ative .	repair, fractured left hip 20 days							Z0 AUTOPSY?				
POULT NO PER POULT NO PER POPE HE POP HE POPE	CERTIFICATION	5 7 85	111011			red le									
NA COR	E	21a EXTERNAL CAU	SEWAS	21b TIME OF		red re			0.0000000000000000000000000000000000000						□ NO 🖺
KATES AS		UNDERLYING T	OP	HOUR A.M.	MONTH	DAY YEAR		ואטנאו אי	OCCURRE	D (ENTER	NATURE OF INJU	JRY IN ITEM 18 P	ART I OR PA	RI 2)	
HE CHARA	MEDICAL	CONTRIBUTING	CAUSE OF DE	ATHA.M.XM.	5	7 1985	Pat	ient	fell	at h	ome				
DEP DEP	Q	WHILE NOT		21e PLACE O STREET, FACTO	DRY, FARM, E	(AT HOME,	ZIT LO	CATION TREE!			CITY OF TOW	'N	co	UNTY	STATE
WARI VARI VAGE 120	-	AT WORK AT W	ORK X	At hom	ne		537	Bish	op Wa	1sh	Drive	Cumbe	rlan	d A11	eg. Md
R: P R: P E ST ID, 2		22s. I certify that	I took charge	of the remoins desc	ribed obo	ve, held on	Autop	sy .	Inspection	X.	Inquiry	K one	d in my or	oinion	
NEW STATE		death resulted from			Accident		iicide	, Homi	cide .	Undet	ermined mor				
EXAM CERTIF DIE B DIREC		6	0	/ "					PECIFY)						
A. A. C.		SIGNATURE	Con	1 hour			AA	D Dot		MED	ICAL EXAMI	INIED	DATE	5-27	7-85
SEA SEA	1	San Million	-				***				CALLAAMI	IIVEK	310140	0	
PECUT FUN FUN FUN FUN FUN FUN FUN FUN FUN FUN		(TYPE OR PRINT)	Pa	ul Snow,	M.D.			ADDRESS_	Memor	ial	HOspi	tal			
FXEC FXEC PAG TO TO	23a. B	URIAL, CREMATION,	EMOVAL 236	DATE	23c. 1	NAME OF CE			ORY	23d. LC	CATION		COU	NTV	CTATE

07/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

DHMH - 17 (VR A15 ME (5)) 230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 05-29-1985

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park 23d. LOCATION Cumberland Allegany

James F. Scarpelli, Cumberland, MD 21502

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		REGISTRA CUMBERLAN CEASED NAME FIRST	MIDDLE MIDDLE	LAST	REG. NO. 2a DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(ITPE	GEORG I	F RAMON	A BULLETT	MAY 15, 1985	12:05
	3 SE	X	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YEAR	MONTHS DAYS HOURS MIT
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82		umberland	SACRED HEAR	T HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIF	Home
25/	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	JNTY 13c. CITY OI	R TOWN 134 INSIDE CITY LI		
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11	19. FA	FIRST	MIDDIE	ST FIRST	MIDDLE .	LAST
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1/			GIVE WAR OR DATES)		Cumberland, Md	
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LANDON ANT If them 21 is marked or them 16 shows any injury, or other to	WEDICAL	Cause (a), stating the underlying cause last. PART 2 ODJER SIGNIFICANT 198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED AIT WORK AT WORK	CONDITIONS CONTRIBUTION 19b CONDITION FOR V 19b CONDITION FOR V 19b CONDITION FOR V HOUR A.M. MONTI P.M. 21e PLACE OF INJURY (AT MOME STREET, FACTORY, C) putol) Arrended the decaysed in the body after death. MD 123b DATE 5/18/85	TO DEATH BUT NOT RELATED TO TO THE LATED TO T	D 200 AUTOPSY? 206. IF YES IN CERTIFE YES NO YES NO COCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P) CITY OR TOWN OPINION DEDICAL STAFF ICIAN DIRECTOR PHYSICIAN TON DRIVE, CUMBERLAND LATORY 238 LOCATION LATORY 238 LOCATION LATORY 238 LOCATION	S, WERE FINDINGS USED TYING CAUSES OF DEATH? S NO ART I OR PART 2) Tond from the causes stated 22c. DATE SIGNED MD 21502 COUNTY STATE 11egany Mo

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STATE OF MARYLAND	13	
RTMENT OF HEALTH AND MENTAL HYGIENE	0	
CERTIFICATE OF DEATH		P

REGISTRAR			CERTIFICAT	E OF DEATH	REG.	NO				
1. DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
(TYPE OR PRINT)	Angus	L.	Cam	pbell		5	24	85	2:50	Рм
3. SEX	4.1	RACE	5. DATE OF BIR		6. AGE (IN YEARS LAST !	IRTHDAY)		DER I YEAR	IF UNDER 2	
Male		White	момін	15 *36	48	YR:	MONTH	DAYS	HOURS	MIN,
70 BIRTHPLACE (STATE (OR FOREIGN 76.	CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF D	EATH		
MARYLAND		U.S.A.	WIDOWED	DIVORCED	Allegany	Cou	nty			MD.
10 CITY OR TOWN OF D	DEATH 11.	NAME OF HOSPITAL, NO		ER INSTITUTION	120 USUAL OCCUPA		121	LOCA	BUSINES	SS OR
Frostburg	g	Frostburg C	ommunity H	ospital	CONSTRUC		S LIFE) IN	HELF		11
USUAL RESIDENCE (IF NO 139 STATE Mary and	13b COUNTY Alleg	any Mt. S	avage YES	NSIDE CITY LIMITS?	13e.STREET ADD	X zild	AVAG	B	15	75
14 FATHER'S NAME	MIDI			OTHER'S MAIDEN NA	ME					
JAMES	E.	CAMPBI		CILAR A	widdle		HOI	INSH		
160 WAS DECEASED EV			SECURITY NO. 17 IN	IFORMANT	ADD	RESS	2153	6		
1954 KNOWN	1956	217-3	0-3121 M	R. HARRY	CAMPBELL.	GR.	ANTS	VIL	LE.	MD
18 CAUSE OF DE	ATH (Enter only of	ine couse per line for (a), (b	, and ic		10075	7		BETWEEN	MATE INTERV	AL EATH_
	IMMEDIATE C	AUSE (0) Caral	o Respire	AIORY	ARREST	e .				
		DUE TO, OR AS A CONS	EQUENCE OF	7						
Canditions, if or		(b) ASD.	IRATION							
cause (a), sta	iting the	DUE TO, OR AS A CONS	EOUENCE OF		RI D.	. 7	1			
underlying cat	use last	10 UppE1	6.A57RO	10165110	AL PLEEDIN	a,				
PART 2. OTHER SI	DIAN TOP	DITIONS CONTRIBUTING	R CERRH		AINAL DISEASE OR CO	NOITION	GIVEN IN	PART IN	DAT	, T,
190 DATE OF OPER	RATION	196 CONDITION FOR W	HICH OPERATION WA		200 AUTOPSY?	20b IF	YES, WEF	RE FINDU	IGS USED	
JFIG.					YES TO NOT	IN CER	YES T	CAUSES	OF DEATH	1?
19a DATE OF OPEN	UNDERLYING	216 TIME OF INJURY	210	HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM		R PART 2)	,	
OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR							

(IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 19. sow the deceased alive on Ay 2 4 above, (I) (we) (did) (did not) view the body after death

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED

CITY OR TOWN

224 PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Heck's Plaza

Frostburg, MD 21532

Saturnina Chang, M.D. 230. BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY CEMETER 23d LOCATION

STREET

C. SAVAG

COUNTY

STATE

226. SIGNATURE

MAIN ST. FROSTBURG

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use os the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bi

morked or Hem 18

If Item 21 is

MPORTANT.

MEDIC

After this certificate has bee

TO FUNERAL DIRECTOR

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	STATE OF MAKICANO	300 100
DEPARTMENT	OF HEALTH AND MENTAL HYC	SIERE -

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4-4)	1-	STATE REGISTRAR		MEI	DICAL EX	AMINER	'S CERTIF	ICATE O	FDEATH	l RE	G. NO.			T-
ES SE F.		CEASED NAME PE OR PRINT)	FIRST	WILSON	CHILD	RESS	LAST			OF EST			YEAR 1985	26 HOU
ECESSARY, PLASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	M a	ale Ca	MG	ZTE OF BIRTH			MONTHS DAYS			DATE NOUNCED DEAD	5	13	85 19	2115
	FC	RTHPLACE (STATE OR WEIGH COUNTRY)		USA	IAT COUNTRY?	N	AARRIED N	NEVER MARRIE DIVORCE	ED 📗	Allega		UNTY OF	DEATH	M
PAGE FILED	Cun	TY OR TOWN OF DEA		717 Ma	PITAL, NURSING CILITY, GIVE STREET A TYLAND	Avenue Avenue		TUTION	12a USUAL OF FOR MOST	of working	10	1 0	ND OF BURNDUSTI	RY
SHOULD B		TATE Land	ATPegan		134 CUMBE		13d INSID	E CITY LIMITS?		ADDRESS Maryl	and Av	venue.	/2150)2
NO NO NO NO NO NO NO NO NO NO NO NO NO N			by F. Ĉĥ					HER'S MAIDE		MIDDLE Lou Fi			LAST	
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BE EXECUTED WITHIN 24 HOURINDING": IN PENCIL IN ITEM 18 AEDICAL EXAMINER ALONG: AS A BURIAL TRANSIT PERMIT AS A BURIAL TRANSIT PERMITHAND MENTAL HYGIENE. CREMATION, OR REMOVAL.	2	Canditions, if a gave rise to couse (a) stating lying cause last. PART 2 OTHER SIGNIFICANI Daibetes	AS CAUSED BY: IMMEDIATE CA ny, which immediate the under- CONDITIONS CONTRI	USE (a) COUNTY TO THE TOTAL OF	ardiac AS A CONSEO RTERIOS AS A CONSEQU	arrest UENCE OF SCLETO t UENCE OF	ic hea		N.			061	VEEN ONSE!	T AND DEATH
HIEF A USED OF HE RIAL,	CERTIFICATION	190. DATE OF OPERA			ION FOR WHIC		N WAS PERFO	DRMED?					AUTOPSY?	
RETIFICATE SHORTING THE WORK REDED TO THE CH GE 3 SHOULD BE UTE DEPARTMENT OF THE OFFICE OFFI	MEDICAL CERT	210. EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTING COURF 214 INJURY OCCURR WHILE NOT	OR CAUSE OF DEATH	P.M.	INJURY MONTH DAY OF INJURY (AT DRY, FARM, ETC.)	YEAR	LOCATION STREET	RY OCCURRED		E OF INJURY IN I	TEM 18 PART 1 O		YES []	NO STATE
AL EXAMINER: THE CERTIFICATE, VHOULD BE FORWAL DIRECTOR: PARTY, WITH THE STATE, MARYLAND, 21		22a Tcertify that I death resulted fram ACTUAL SIGNATURE	toak charge of t		ribed abave, h	eld an A , Suicide	TITLE	Inspection nicide , (SPECIFY) t Dp ty	Undetermin	quiry , ned manner	and in my		14/8	35
EXECUTE TO MEDIC EXECUTE TO PAGE 4 SI- TO FUNER AFTER DEA BALTIMORI	73a,B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, RE		Snow,		OF CEMETE	ADDRESS	Memori	ial Ho	spital				

07/84 **DHMH - 17**

(VR A15 ME (5))

Burial 05-16-1985 24 FUNERAL DIRECTOR

231. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

23d. LOCATION ark Cumberland
[250. DATE REC'D. BY REGISTRAR [250 R

and Allegany MD 1256 REGISTRAR'S SIGNATURE

STATE

James F. Scarpelli, Cumberland, MD 21502

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N. Carlotte	Alle any		
			bani zadnuc
		Maran cap	Maryland 'Allegany
		Jerus pelijad	
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H.	12 May 200		
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-1/	STATE OF MARYLAND	lan.	1 2
FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	.)	6
- STATE REGISTRAR	CERTIFICATE OF DEATH	BEC NO	

REGISTRAR				CERTIF	ICATE OF DEA	TH	R	EG. NO.					
1. DECEASED NAME (TYPE OF PRINT)	George	Ri	chard		Clayton		20 DATE OF DE		5 5	30	85	26 HOU	R : 1,1
male	4. R.	ca	u	5. DATE C	DAY	YEAR 33	6 AGE IIN YEARS	LAST BIRTHD		IF UNDER	DAYS	IF UNDER	24 HRS MIN.
70. BIRTHPLACE ISTATE O COUNTRY) Maryland	R FOREIGN 76. C	USA	AT COUNTRY?	MARRIEI WIDOWE	D NEVER MAR	RRIED -	9 BALTIMORE (eg.	OUNTY	OF DE	ATH		MD
O. CITY OR TOWN OF D	đ	Sacre	d Hear	t Ho	Sp.	NOIT	TYPE OF WORK FOR	MOST OF W			No No		55 OR
USUAL RESIDENCE (# NO. 130 STATE Maryland	13b. COUNTY Alle	130	RESIDENCE BEFORE CITY OR TOW Cumber	N	13d. INSIDE CITY YES N	LIMITS?	13e.STREET ADD	RESS / Z	IP CODE	este	215 er]		
14 FATHER'S NAME FIRST Theodor	e J.	LE	Clayt	con	15. MOTHER'S M FIRS AME		_ M	ene			Gra		
160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED	R OR DATES)	218300		17 INFORMANT Amelia I	. Cla	yton-Ada	ress ress					
18 CAUSE OF DEA PART L DEATH	WAS CAUSED BY	AUSE (0)	for (a), (b), one	2 /	Uspir OPD	sty	ry !	a	ili	W. 1	APPROXI	MATE VITE POPULATION OF THE PO	DEATH OF A
gave rise to in couse (a), sta underlying cou	ling the	DUE TO, OR A	A CONSEQUE	NCE OF							0		
PART 2 OTHER SIG	GNIFICANT CON	DITIONS <u>CON</u>	RIBUTING TO D	DEATH BUT	NOT RELATED TO	THE TERM							
19a DATE OF OPER	ATION	196 CONDITIC	N FOR WHICH	OPERATIO	N WAS PERFORM	ED	YES N		Oh IF YES N CERTIF YES				H?
210. ACCIDENT WAS U OR CONTRIBUTING [CAUSE OF DEATH	21h. TIME OF IN HOUR A.M. P.M.	JURY MONTH DA	AY YEAR	21c HOW INJUI	RY OCCURE	ED (ENTER NATURE	OF INJURY IN	NITEM 18 P.	ART 1 OR P	ART 2)		

21d. INJURY OCCURRED I AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

COUNTY CITY ON FOWE

228.1 certify that (1) (this hospital) attended the Deceased from sow the deceased alive an above, (I) (we) (did) (did not) view the body after death

ord that in (my) (our) apinion death occurred on the dutt and hour and from the causes stated

22h SIGNATURE 274 PHYSICIAN'S NAME (TYPE OK PRINT)

MEDICAL STAFF DIRECTOR | PHYSICIAN [221. DATE SJGNED

STATE

Espina.

22e. ADDRESS

1907 Seton Drive-Cumberland, Maryland

23a. BURIAL, CREMATION, REMOVAL | | SPECIFY | 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Eckhart Cemetery

DEGREE

Eckhart-Allegany Co.-Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT:

24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 202 Greene Street, Cumberland, Maryland 21502

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Tinobaster Rd.	1 Adle			mberland	70	ali.ee.	
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director, page 3 hours ofter death

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MEN

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	FOR STATE REGISTRAR			DEPARTA			OF DEATH	YGIENE O	REG. NO.	ě	fin \		
	DECEASED NAM	E FIRST		MIDDLE	L	AS1		20. DATE OF	DEATH MO	NTH	DAY YE.	AR 2	b. HOUR
Ľ	FFFE ON PRINT)	JAMES		G.	CO	DYLE				05	17	85	1:00 %
3.	SEX		4 RACE		5. DATE C			6. AGE (IN Y	EARS LAST BIRTHDA		IF UNDER 1	YEAR	IF UNDER 24 HRS
	Male		White		TONTH	11 "	1901	83		YRS	MONTHS: E	DAYS	HOURS MIN.
76	BIRTHPLACE (S COUNTRY) Marylan		U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE		ER MARRIED DIVORCED		RECITY OR C	OUNTY	OF DEAT	Н	MD
Cr	city or town	i	Lions N	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Ianor Nurs	address)	R OTHER	INSTITUTION	12a USUAL ((TYPE OF WOR Self	OCCUPATION KEOR MOST OF WO Emplo	orking Lif yed	E) INDUS		BUSINESS OR
13	SUAL RESIDENCE No. STATE Maryland	113b COU		13c. CITY OR TOW Cumberla	N _	YES 🗌	DE CITY LIMITS? NO 🍱		ADDRESS / Z	P CODE	1502		
14.	Charles	14-17	WIDDLE	oyle			HER'S MAIDEN I	NAME	MIDDIE Pre	ston	1	LAST	
16	WAS DECEASE	D EVER IN U.S. AF	MED FORCES? /E WAR OR DATES)	220-10-		17 INFO		Jonesha	ADDRESS West	et np	ort,	Md.	21562
	Conditions,	if ony, which to immediate stating the	DUE TO, O	PR AS A CONSEQUE	ENCE OF	c	[9. 0.) .	•				
100		cy stitis	C STON	-	mm	on c	lucto	and Hep	patocell	lula	~ To	m	ndi'ce
100	190 DATE OF	OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	200 AUTA					SS USED OF DEATH?
	OR COLUMNIA	WAS UNDERLYING [ING] CAUSE OF DE STIFY MEDICAL EXAMINE	ATH HOUR A		AY YEAR	21c HO	W INJURY OCCI	URRED (ENTER NA	TURE OF INJURY IN	TEM 18 P	PART I OR PAR	t (5)	
- Care	CIFEITHER NO. 21d IN JURY C	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOC	ATION TREET		CITY OR TOWN		COUNT	TY	STATE
	sow the	that (I) (this hosp deceased alive or I) (we) (did) (did n		he deceased from	<u></u>	1.S	(my) (our) opinio	on death occurre	ed on the date	and hou	19 8 Con		ot (I) (we) lost ouses stated
	V. A.	Rayit	han	,		DEGREE	ATTENDING PHYSICIAN		STAFF PHYSICIAN	٧ 📗	22c. E	DATE SI	IGNED
	22d, PHYSICIA	AN'S NAME TYPE	OR PRINT)			22e ADE	DRESS						

TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health on MPORTANT: If Item 21 is BP. DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECSEY) Burial 5/20/85 Westernport, Md. 21562

23a. BURIAL, CREMATION, REMOVAL

Ranjithan, M. D.

23c. NAME OF CEMETERY OR CREMATORY Philos Cemetery

23d LOCATION
Westernport Allegany Md. State

21502

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

LMNH, Seton Drive, Cumberland, MD

hia Davidson-Randall

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	NO	

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
I. DECEASED NAME FIRST (TYPE OR PRINT) Hele	Katherir en Catheri	1e	Crowe	20. DATE OF DEATH MONTH	13 85	2h. HOUR
female female	cau.	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Maryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COUR Alleg.		MD
Oumberland	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE Sacred He	NG HOME O	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN NUISE	GIFE INDUSTRY	of BUSINESS OR
13a. STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 13t. CITY OR TOV	VN		13e STREET ADDRESS / ZIP CO 616 Columbi		21502
14. FATHER'S NAME FIRST Harry 16a WAS DECEASED EVER IN U.S.	B. Kloste		15. MOTHER'S MAIDEN NA FIRST France 17. INFORMANT	MIDDLE	Helms	tetter
	GIVE WAR OR DATES)		Pauline Lo		ley, We	ST VA
	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 16	o,
19a DATE OF OPERATION WH 21a. ACCIDENT WAS UNDERLYING	198 CONDITION FOR WHICH		TOM A-		YES, WERE FINDIN RTIFYING CAUSES YES [
	HOUR A.M. MONTH D	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)	
OR CONTRIBUTING CAUSE OF I	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased alive	pitol) attended the deceased from. 5 - 8 - 19	85,0		death occurred on the date and		
oll flamm	d Skaferer, me		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
Mohammad	d Shafiei		Seton Dr	ive, Cumber	land, N	18.21502
23e. BURIAL, CREMATION, REMOVA	AL 236. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol. cr

retained by the hospital or attending physicial

MPORTANT: If them 21 is marked or Item 18 shows ony

Burial 5/17/85 SS Peter and Pauls Cumberland Allegany

FUNERAL DIRECTOR Leasure-Stein Euneral Home, Inc. MAY 17 1985 Julia Jevidson Rond.

230 Baltimore Ave. Cumberland, MD 21502 24 FUNERAL DIRECTOR

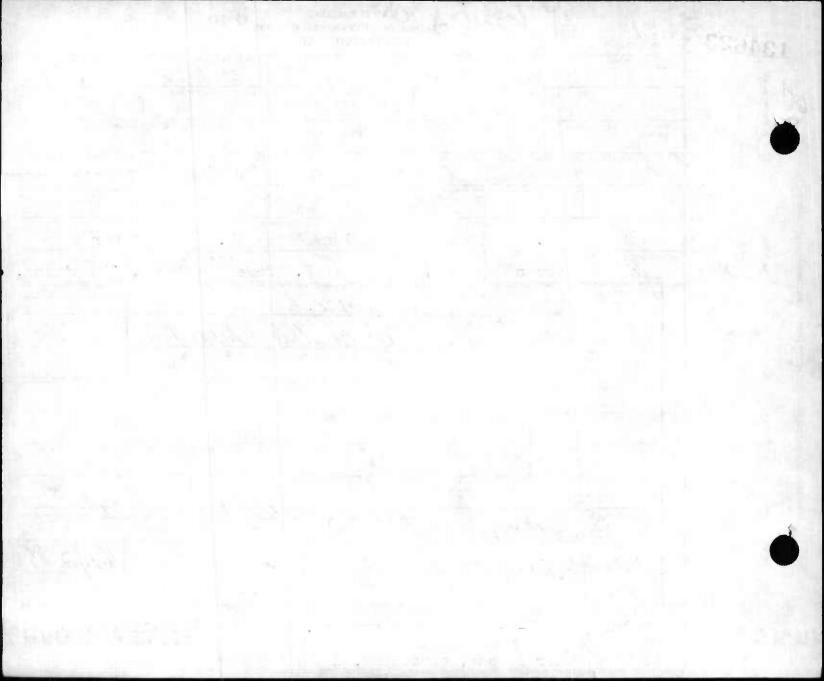
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	requires that the durth certificate by "PEDeap within 24 hours after death. Page 4 may be	a suproof by the attending physicism and a misterly filled in by the funds director, page 3 the please remove carbon pages. New 1 and 2 hoods be figd within 72 hours after death

STATE OF MARYLAND

4623		I. DE	REGISTRAR CEASED NAME FIRST OR PRINT)		WIDDLE		CERTIFICATE (JI DER		REG. • DATE OF DEATH		DAY	YEAR	26 HOUR
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tor, pi	8	3 SE	x male	4 RACE Whit	-0		5. DATE OF BIRTH	7 .	30	AGE JIN YEARS LAST B	#THDAY]	MONTHS	R I YEAR DAYS	HOURS I
direct of the same	1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		OUNTRY?	1			BALTIMORE CITY	OR COUN		ATH	
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1	10/6	14. F/	James	A. Crowe				15 MOTHER'S MAIDEN NAME Helen L. MDDOLE Winner			ler	ī		
	the oth		WAS DECEASED EVER IN U.S.	ARMED FORCES? GNE WAR OR GATES) PEAN	111111111111111111111111111111111111111	1AL SECUR 26 1.8	9282 Hel		. Cr	owe 13369	ress Nort	h,Rt	lona	Xoni
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has been supred by the at mit. Then please remove the prior to be tal. cremat	Cover any return, or other	HCATION		DUE TO, C	ONTRIBUT					AL DISEASE OR CO	20b. IF Y	ES, WER	FINDIN	IGS USED
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2.4 HOURS ATTER DEATH CAND TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A GONG WITH FOR THE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A GONG WITH FOR THE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A GONG WITH FOR THE SHOULD BE USED AS A BURIAL TRANSIT FROM THE PAGE 3 MAD 25 GOLD BETTED WITHIN 72 HOURS BAFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDRIGHT DIRECTOR THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDRIGHT DIRECTOR TO SHOULD S	5
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 3" HOW EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A LONG TO THE CHIEF MEDICAL EXAMINER A LONG TO FOR THE MEDICAL EXAMINER A LONG TO THE SHOULD BE USED AS A BURIAL TRANSIT PERMITTER DATER DEATH HE STATE DEPARTMENT OF HEALTH AND MENTAL HY DESTRIPMORE, MARYLAND, 21201 PRÍOR TO BURIAL, CREMATION, OR REMOVAL	7/3
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, N PAGE & SHOULD BE FORW. TO FUNEAL DIRECTOR: PARTIER DEATH, WITH THE STA BAETIMORE, MARYLAND, 21	2

		STATE REGISTRAR			MEC	ICAL	EXAMIN	IER'S	CERTIFI	CATEC	F DE	ATH R	EG. NO.			
		CEASED NAME E OR PRINT)	Ţ	HELM	IA I	M •		D	AVIS			20 DATE KNO OF EST DEATH MAT	The High	8	1985	26 HOUR
1	Fe:	male	4 RACE CSI	^ ۱	DATE OF BIRTH					IF UNDER	24 HRS.	PRONOUNCED DEAD	5	8 B	NY YEAR	1330
9	M	RTHPLACE (ST	rginia		CITIZEN OF WH		TRY?		NED NE	VER MARR DIVORC		Alle &	city or co	UNTYO	FDEATH	MD
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3	13a S1		1136	COUNTY	HER INSTITUTION, GIV	13c. CITY	or town	_	13d INSIDE (NO [13e STF	TEET ADDRESS GO	ethe S	t.	2/5	12
1		ATHER'S NAME FIRST	Hei		. Waybri	-	LAST					Keplinge			LAST	
1	16a W	VAS DECEASED ES. NO, OR UNKNO NO	DEVER IN L	J.S. ARMED YES, GIVE WAR			-80-96		Mrs.		Lee	Jackson,	Cumb	erlai	nd,Dau	ghter
		18 CAUSE OF DEATH (Enter only one cause perline lor(a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)												3	APPROXIMATE INTERV BETWEEN ONSET AND D	
		Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis (b) Arteriosclerosis												year s	3	
H		cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF Living cause last. DIADETES MELLITUS										years				
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of Obesity														
1	CERTIFICATION	190 DATE OF	OPERATIO	N	196. CONDIT	NDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY? YES NO			
3		21a EXTERNA UNDERLYING CONTRIBUTION	OR		21b TIME OF HOUR A.M. TH P.M.		DAY YEA		IOW INJURY	OCCURRE	D LENTER	NATURE OF INJURY IN	LITEM 18 PART 1	OR PART 2)		
	MEDICAL	WHILE AT WORK			21e PLACE C STREET, FACTO				STREET			CITY OF TOWN		COUNTY		STATE
		death resulte	^	k charge at Natural c	the remains desc	ribed abo		Autaj uicide], Hami	SPECIFY)		Inquiry termined manner	<u> </u>	iy apınıar		
7		ACTUAL SIGNATURE	Oce	Pour	pur-	No. T		^	A.D. ast	dpty		DICAL EXAMINER	SI	ATE GNED	5-8-	85
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	(5	Burial			11-1985		inset			ark	Cu	imberlance	The state of the state of			ATE
	24 FL	NAME Jai	mes F	. Sca	rpelldress	Cumb	erland	,Md.	21502	AV S	eco.s	Y REGISTRAR 25	Kendana Kendana	Borel	1	

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

DHMH - 17 (VR A15 ME (5))

BP_



156		FOR ROTRUCK FOR STATE 85 S. MAIN REGISTRATE YSER, W	STREET	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	Y YEAR 2b HOUR	
1)	(TYP)	OR PRINT)	EDGAR	D	ENNIS	MAY 24, 1985	7:30A M	
1	3 SE	X	4 RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 74 HRS	
		lale	White	Jan	12 1935	50 YRS		
35	N	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRI	ED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY, 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Construction Self		
2 Gettied	0	ty or town of DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE SACRED HEART	HOSP1				
36	Md All		ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13. CITY OR TO Rawlir		13d INSIDE CITY LIMITS?	STREET ADDRESS / ZIP CODE BOX 7X	2 1557	
au V		THER'S NAME ALVIE	MIDDLE LAST Denr		15. MOTHER'S MAIDEN NAI	WIDDLE	unner	
irs. Pages I and		VAS DECEASED EVER IN U.S. AF VES NO OR UNKNOWN) (IF YES GI	RMED FORCES? VE WAR OR DATES) 236-50		Laura I. De		3 Box 7X MD 21557	
ws any injury, or other	CERTIFICATION	Couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT PROBLEM 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT			VERE FINDINGS USED NG CAUSES OF DEATH?	
Hem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART		
rked or H	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
IRECTOR: After hed for use as the spt. of Health or tem 21 is marke		saw the deceased alive or	view the body ofter death.		, 17	2, to 5-24, 19 death accurred on the date and hour o	nd from the couses stoted 22c DATE SIGNED	
IMPORTANT: #		22d. PHYSICIANIS NAME TITLES CLARENCE VIN	OR PRINT]	D.	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D	5-24-85. MD 21502	
¥.		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 23c		CEMETERY OR CREMATORY Memorial C	23d LOCATION CITY OR TOWN	Mineral WV	
M 7/84	24 FL	NERAL DIRECTOR NAME Craig Rotr	85 ADDRESS	S. Ma	in St. 250. DAT			

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CLAPSHIRE YTHICHUT, M.D. 989-6 SETON DRIVE, CLASSIFLAND, MD 21502

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1 - STATE REGISTRAR
I DECEASED NAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.				3.18	
ATE OF DEATH	MONI	Н	DAY	YE AR	2b HOUR	
	05	27	8	5	1101	

		CEASED NAME OR PRINT)	DORO"		BERTA DI	UDEK	AST	20 DATE OF DEATH	MONTH DA	85	26 HOUR	
-	3. SEX	(4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	F UNDER 24 HRS	
	F	EMALE		WHITE		12 12 T	28 DAY 05	79	YRS	DIVING DATS	MIN.	
П	7o. BIF	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	1 2 2	
2		Maryland		II.S.	Α.	WIDOWE		Alleg	anv		MD.	
7		TY OR TOWN OF DEAT	ТН				OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON		F BUSINESS OR	
0		CUMBERLAND AL RESIDENCE (IF NURSIN	15 4045 00	Memo	rial Ho	spit	al	Propri		Res	taurant	
9	13a S	MD	ALLE	TY	CUMBERLAI	N	136 INSIDE CITY LIMITS? YES NO 🗌		ZIP CODE	2150	02	
	14 FA	THER'S NAME	,	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST		
1		Willia	m	T	homas		Nancy	1	Workma	an		
		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	SS			
		No	(# 125, 511	TANCON DATES	214-46-3	219	Joseph W.	Dudek, Sar	ne as	13e	3.1	
111		18 CAUSE OF DEATH	Enter on	y one couse per	line for 101, (b), one	d cu	1			APPROXI BETWEEN C	MATE INTERVAL	
		PART I. DEATH WA		E CAUSE (o)	Cardia	-c	Anes					
				DUE TO O	R AS A CONSEQUE	NCE OF	- 1	0				
	-	Conditions, if ony,	which	(1b)	Arterio	sile	rolic Heart	histari				
31		gove rise to imme		DUE TO O	R AS A CONSEQUE	NCE OF					- 127	
20		underlying couse	lost	((c)	N A O A C O T O C Q O C							
		PART 2 OTHER SIGN	JEICANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110		
	CERTIFICATION	Mulli	infe	net	asment	ia						
7	CAT	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
	TIE								YES NO YES NO NO			
8	CER	210. ACCIDENT WAS UNDE	-	21b. TIME C		Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAF	RT I OR PART 2)	E TOTAL	
	AL	OR CONTRIBUTING C		179	M. MORTH DA	19	The state					
	MEDICAL	216. INJURY OCCURRI	ED		OF INJURY		211 LOCATION	CITY OR TO	wn	COUNTY	STATE	
	Σ	WHILE NOT WHILE	LE 🗍	(AT HOME, SI	REET, FACTORY OFFICE, FA	ARM, ETC.)	0					
		22a.1 certify that (I) (this hospit	ol) offended th	e deceased from	A	Just 1985		-211	9 8)	that (I) (we) lost	
		sow the deceased obseve, (1) (we) (di	d olive on,	Julian the hody	~ 27 19 8	51.01	nd that in (my) (our) opinion	death occurred on the de	ote and hour	and from the	couses stated	
		22h SIGNATURE	01 (0.0 1.0	A	A direct dedition	1	DEGREE			22c. DATE	SIGNED	
		Hobush	ons	11. 8	James	(PHYSICIAN T	MEDICAL STA		5-	29-85	
		226. PHYSICIAN'S NA	ME (TYPE O	PRINT			22e ADDRESS					
		ROBUST	ANO	つ」」、	BARRE	na	Mem. Ho	sp. Med Ct	r., 0	Cumber	land, Mo	
		SURIAL, CREMATION, R	REMOVAL	236 DATE		IAME OF C	EMETERY OR CREMATORY	236 LOCATION		COUNTY	STATE	
		Burial	X	May 3	31 185 Su	nset		Cumber	land,	Alleg		
	24 FU	INERAL DIRECTOR			ADDRESS	100	25g. DA1	TE REC'D. BY REGISTRAR	25b REGISTR	AR'S SIGNATI	URE	
-			uner	al Hom	e, Frost	burg	g. Md. seems g	Armor II	- 7-5	Book	se.	

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEP

P	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	RTI	FICATE	OF	DEATH	

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			P

REG. N	10.			
TE OF DEATH	MONTH	DAY	YEAR	26 HOUR
1/27/05				2:15a

IF UNDER 24 HRS

MD.

12b. KIND OF BUSINESS OR

W. College Ave. Md

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (I) (we) last

- 1		REGISTRAR							REG. NO.				
		CEASED NAME	FIRST	٨	AIDDLE		AST		2a DATE OF DEATH M	ONTH DA	YEAR	26 HOU	R
	1	OKTANII,	Marg	aret	- L.	Duncan			4/27/85			2;15	ia
4	3 SE)	X .		4 RACE		5 DATE C			AGE (IN YEARS LAST BIRTHE		F UNDER I YEAR		24 H
		Female		Whit	e		13/01	^*	83	YRS.	DATS DATS	HOURS	MI
1	7e Bil	RTHPLACE (STATE OF FO	DREIGN	Th CITIZEN OF		RY? 8	D NEVER MARRIE	0 1	BALTIMORE CITY OR		OF DEATH		
2		Maryland		United	State	WIDOW			Allegany				
7	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NUR		OR OTHER INSTITUTIO		128 USUAL OCCUPATION 128. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
		rostburg					MHospital		Homemaker		Own	Home	
1	USU/	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE ME		1134 INSIDE CITY LIM	AITS?	3e STREET ADDRESS				
1	-	ld	Atle	gany	Frost	ourg	YES X NO		1 Kaylor	Circl	e. 21	532	
1	Ty. FA	ATHER'S NAME FIRST		NIDDLE	LAST		15. MOTHER'S MAIDI	EN NAMI	E MIDDLE		L	AST	
1		Willia			itehea	d	Amand	da			entr	out	
1	Ióo V	VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO	17 INFORMANT		ADDRES	s 56 W	I. Col	lege	A
		NO			212 74	4011	Lloyd L.	Dune	can Jr., Fr	ostbur			
ľ		IS CAUSE OF DEATH (Enter anly one cause per line foreg), (b), and (c): PART I. DEATH WAS CAUSED BY:											
		PARTI. DEATH W		E CAUSE (a)	1 an	MILC	2 00	VZe	el				
		100		DUE TO: OF	R AS A CENSE	QUENCE OF	1 -		/ /	1.0			
		Canditians, if any,		((b)_	1	ngli	etwe	77	east y	CILL	are		
	1	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSPONDED OF											
		underlying cause	last	10	K	ahra	L pai	le	ul				
	-	PART 2 STHER SIGN	VIFICANT C	ONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RECATED TO THE	E TERMIN	NAL DISEASE OF COND	TON GIVE	N IN PART I	(0)	
	CERTIFICATION	Levare	670	136	ecdi)	40	Me	par	Je Jak	MI			
7	ICA	19a DATE OF OPERA	TION	196. CÓNDI	TION FOR YOU	ICH OPERATIO	N WAS PERFORMED		20a AUSTOPSY?	206. IF YES, IN CERTIFY	WERE FIND ING CAUSE	INGS USER	D [H?
4	RTIF				0				YES NO YES NO]
1		210 ACCIDENT WAS UNE		110110 1	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY O	OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PAR	RT I OR PART 2		
	CAL	(IF EITHER, NOTIFY MEDIC		P./	M	19							
	MEDICAL	214 INJURY OCCUR		21a PLACE ((AT HOME, STR	OF INJURY	ICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	4	COUNTY	51	TATE
	*	AT WORK AT WO	HILE			1.	10	De	1		01		
		22e.I certify that (I)		of attended the	e deceased fro	127	194	15	_, to	21	90	, that (I) (s	we) l
		saw the decease abave, (1) (ve)	d glive on .	yew the body	after death.	0	nd that in (my) (aur) o	opinion de	eath accurred on the dat	e and haur	and from th	e couses sto	ated
		776 SIGNATURE		111	1. (11	DEGREE ATTEND	200	MEDICAL STAFF		22c. DAT	ESIGNED)
		(M	enf	uyi	mo		M / PHYSIC	IAN D	DIRECTOR PHYSICIA	AN 🗌	41	27	10
		274 PHYSICIAN'S NA	AME THE OF	PRINT)			22e ADDRESS				/		ŧ
		Dr. C. (0h	0			48 Tai	rn Te	errace, Fro	stburg	, MD	21532	
		BURIAL, CREMATION,	REMOVAL	236. DATE	2	31 NAME OF	EMETERY OR CREMA	TORY	23d. LOCATION CITY OF TOWN	(OUNTY	ST	ATE
	,	Buria	ı	Apr. 2	9,1985	Frostb	urg Mem. Pa	ark	Frostburg			Md.	

BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

> DHMH-16 25M (VRA 15, 4) 1/79

ECTOR: After this certificate has bee or use as the burial-transit permit. To of Health and Mental Hygiene prior

TO FUNERAL DIRECTOR:

should be detached for with the State Dept. o

IMPORTANT: If Item 21

STATE

24 FUNERAL DIRECTOR Durst Funeral Home, Frostburg, Md. PATE REC'D BY BESSTRAR THE SEGISTRAR'S SIGN TURBER

- Margard Lead, Mass Setting, Mil.

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5/16/85

SOWERS FUNERAL HOME

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

MICHAEL.

FROSTBURG

25 DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ALLEGANY

26 HOUR

3:40P M

STATE

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NO TARN TERREST PROSTERO, NO 21532

Was a comment

	LIDEO	EASED NAME FIRST	MIDDLE	ŁAST	REG. N 20 DATE OF DEATH		2b HOUR		
A)	CLASS	JOHN	ALBERT	ENSMINGER	MAY 23	. 1985	01:30		
	1.50		14 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIR				
5 00	E-MARK	Male	Caucasian	07/25/1910 YEAR	74 YRS MONTHS DAY		HOURS MIN.		
16		THPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANY COUNTY				
100		ty or town of DEATH Cumberland	SACRED HEAR	RT HOSPITAL	12g USUAL OCCUPATION (196 OF WORK FOR MOST OF WORKING LIFE) WELGER (NDUSTRY COAL mining				
36	130 S	D 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW Eany Corriga		Box 1647	21524			
010	TA. FA	George	Ensminger Ensminger		MIDDLE	Gorsch	LAST		
Pages /	16a V	VAS DECEASED EVER IN U.S. AI (ES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 176-01	J. A. Ensmi	nger, Jr.,	Box 164, Co	orriganvi		
0.00		Canditians, if any, which	10)						
en please re bariol, cree ury, or other	z	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUI		inal disease or con	DITION GIVEN IN PART	Ita		
r permit. Then please re- turns prior to busiof, creat took day injury, or other	TIFICATION	underlying cause last.	(c) CONDITIONS CONTRIBUTING TO	H. F	INAL DISEASE OR CON 200 AUTOPSY? YES NOWEN	DITION GIVEN IN PART 20b IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED		
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STATE OF MARYLAND

ASTONAL REMEMBERS HOME double statem management of 1925 (1925

A LIATERSON WASH GREEN

DR. DETER VELENETA, M.D. 914 SEPON DR., SEPERANDINE, MR. 21502

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IS NECESSARY, PLEASE

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - 5	FOR STATE REGISTRAR			DEPARTMENT OF				GIENE TO DEATH	REG. 1	1 0	0 , .	
	1. DEC	CEASED NAME OR PRINT)			WIDDLE	Evar	LAST		0	TE KNOWN	MONTH Y	30/85	26 HOUR 9:30
-	3. SEX		Jacob 14 RACE	S. DATE OF BIRTH	6. AGE (IN Y			F UNDER 2		ATE	MÖNTH	DAY YEAR	2d HOUR
		ale	White	MONTH DAY	YEAR LAST BIRTHO	RS.			MIN PRONO	DUNCED EAD	4/3	0/85	11:00 A M
, -		RTHPLACE (S		76. CITIZEN OF WE	IAT COUNTRY?	8 MARR	IED OK NEVE	R MARRIE	D 9. BAL	TIMORE CITY	OR COUN	TY OF DEATH	
2		Maryla		U.S.A	•	WIDOV		DIVORCE		llega	ny		MD
1	,	TY OR TOWN		(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)		IER INSTITUTI	ON	120. USUAL OC FOR MOST OF	CUPATION (T WORKING LIFE)	YPE OF WORK	OR INDUST	USINESS TRY
4		Frost			Grant Str				Tex	тте		Celan	ese
1	13a. S1		136 COUNT		Frostbur	,	13d. INSIDE CITY	LIMITS?	78 G	DRESS	t.,	21532	
D	4 FA	THER'S NAM	E	MIDDLE	LAST		15 MOTHER		NAME	WIDDLE		LAST	
7.1)	John	n		Evans			heri	ne	77110011	Fis		
٦	16a. W	VAS DECEASE	DEVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURI	TY NO.	17 INFORMA	INT		ADDRE:	SS		
	(,,	Yes	W.		217-10-6	063	Hele	n S.	Evan	s. Sam	e as	13e	
					for (o), (b), and (c).)		1					APPROXIMA	TE INTERVAL
		PARTID	EATH WAS CAUSED		RTERIOS	CLER	OTIC	HEA	PAT NI	SZKSZ'	7	BETWEEN ONS	T AND DEATH
			IMMEDIAI		AS A CONSEQUENCE		.,			- 0			
			ons, if ony, which										
			ise to immediate i) stating the under-	(b)	AS A CONSEQUENCE	OF							
		lying co		1	, to / College deliver	O1							
		PART 2 DINER S	IGNIFICANT CONDITIONS	(c)	BUT NOT RELATED TO THE TER	MINAL DICEAS	C DR CONDITION (IVEN IN BART	1000				
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\forall	MEDICAL CERTIFICATION	19a DATE O	FOPERATION	196 CONDIT	ION FOR WHICH OPE	RATION V	VAS PERFORM	ED?				20 AUTOPSY	(2
1	FIC.											YES 🗆	Хои
00	ERT	21a EXTERN	AL CAUSE WAS	21b. TIME OF	INJURY	21c H	OW INJURY C	CCURRED	ENTER NATURE C	F INJURY IN ITEM	B PART 1 OR PA		NOA
3	NI C	UNDERLYING			MONTH DAY YEA	R			,				
	DIC/	21d. INJURY	OCCURRED	P.M.		2 If LC	CATION						
	ME		NOT WHILE C	STREET EACT	ORY, FARM, ETC)		STREET		CITYO	RTOWN	cc	YIAUC	STATE
		AT WORK	AT WORK							N/			
		22a I cert	ify that I took charg	e of the remains des	cribed obove, held on	Autop	osy 🔲.	Inspection	M Inqu	iry 🔼 .	ond in my o	pinian	
		deoth result	ted from Notur	ol couses 💢 ,	Accident . S	uicide	Homicio	le 🔲 ,	Undetermined	d monner	,		
		A CTUAL	11.1-1		111 2 5		TITLE (SP	CIFY)			0.75		
		ACTUAL SIGNATURE	LOV	en.	man ~	ayy	3 1	700	MEDICAL EX	AMINER	DATE		
1	1-	EXAMINER'S	NAME OF	/ 				000	Catar	Don	Chamb	- malma	Ma
-		(TYPE OR PR	INT) G10	vanni M	astrangel	.0.)	ADDRESS	700	peron	DI ,	ound	erland	, Ma.
	23a.Bl	URIAL, CREMA	TION, REMOVAL 2		23c. NAME OF CE			lY.	23d LOCATIO	N	cou	INTY S	STATE
		Bur:		May 2,1	985Frosth	urg	Mem.	Park		burg.		egany,	Md.
	24 FL	NAME		ADDRESS	-				EC'D. BY REGIS	TRAR 256 RE	GISTRAR'S	SIGNATURE	e
		Durst	Funeral	1 Home,	Frostbur	g, M	d. M	AY	8 1985	grana	Widson-	Pandes =	4

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 16, GWE PAGE PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH THE PAGE 3 SHOULD BE USED AS A BURIAL-IRANSIT PERMIT PAGES A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGISINE, DIVISION BATTENORE, MARYLAND, 21201 PRIOR TO EDEATH, CREMATION, OR REMOVA.

> BP_ **DHMH-17**

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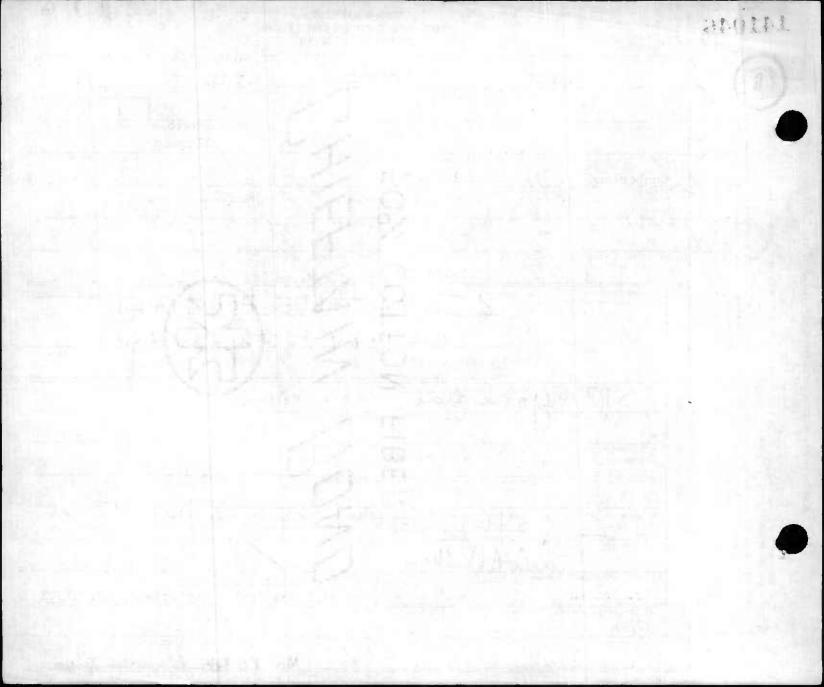
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
20 DATE OF DEATH	MONTH	DAY	YEAR	

/											
	ECEASED NAME FIRST		MIDDLE	1/	AST	20 DATE	OF DEATH	MONTH	DAY YEAR	26 HO	JR P
1117	JO	SEPH		FELD	STEIN	MAY	13,	1985		11:	40 M
3 SE		4. RACE		S. DATE O			N YEARS LAST		IF UNDER 1 YEAR	IF UNDE	1 2 10 11 10 1
M	ale	White		Auaus	. 17 1000		76	YRS	MONTHS DAYS	HOURS	MIN
o. B	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIA			TY OF DEATH		
	aruland	11 S A		WIDOWE		7	Al	legany	7		ME
	ITY OR TOWN OF DEATH			G HOME O	R OTHER INSTITUTION		LOCCUP		126 KIND		ESS OR
	Cumberland		orial Hos					hat on	-Retail		h S
SU	IAL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)						cror	14.07
-	100 000	Legany	Cumberly		YES X NO			s/zipco		1502	
	ATHER'S NAME			aria	15 MOTHER'S MAIDEN						
	Oscar	MIDDLE	Feldste	in	Emma		WIDDE		Gon	son	
6a \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT		ADI	DRESS	001	SOIL	
(11	IVE WAR OR DATES)	723-16-8	834	Dorothy M.	Ealdsto	in A	Ideass	same a	\$ #13	2
-	No				vortorny M.	recusie	LN-A	iwiess		CIMATE INTE	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED BY:	line for lay for, one	TOA	CTAR!	I L	-ArR	TEA	BETWEEN	ONSET AND	DEATH
	IMMEDIA	ATE CAUSE 10)	2	TICH	CIMBL	0 1	CIW	-(17	THUE		
	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	r as a conseque	NCE OF			1				
NO	couse (o), stoting the	(c)			NOT RELATED TO THE T	ERVINAL DISE	ASE OR CO	ONDITION (GIVEN IN PART 1	0	
TIFICATION	couse (a), stating the underlying couse lost	CONDITIONS CO	ONTRIBUAING TO D	MATH BUT	NOT RELATED TO THE T	nun	ASE OR CO	20b. IF	GIVEN IN PART 1 YES, WERE FINDI TIFYING CAUSE: YES	NGS USE	TH2
L CERTIFICATION	couse (o), stofing the underlying couse lost PART 2 STHER SJOYJEICANT	CONDITIONS CO	ONTRIBUTING TO E	OPERATION	refere	70e AL	TOPSY?	20b. IF	YES, WERE FINDI RTIFYING CAUSE YES []	NGS USE	TH2
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DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygrene prior to burial, cremation, ar removal

tO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR				CERTIF	FICATE OF DEATH	RI	G. NO			
	CEASED NAME	FIRST	A	MIDDLE		LAST	20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR	
(III)	CZ	ARL	N	IMI	FER	GUESON	MAY 1	0, 198	5	01:45	
3. SEX	X		4. RACE		5. DATE O		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR		
	Male		WHT		10		79	- YRS	MONINS DATS	HOURS MIN.	
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED XXNEVER MARRIED		9 BALTIMORE C		Y OF DEATH		
	Illinois	- 111	U.S.		WIDOWI		ALLEG	ANY CO	UNTY	MD	
1	ITY OR TOWN OF DEA	.TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC		OF BUSINESS OR		
1	Cumberland		SAC	RED HEA	RT H	OSPITAL	Analys			ical	
U5UA	AL RESIDENCE (IF NURS	136 COUN	VIV	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDR		E 2	1502	
	Md.	Cum	berland	La Va	le	YES NO	106 Wes	st St.	01	0	
	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	DIM	DtE	LA:	St	
	rederick			ergueson		Myrtle			Emmett		
160 V	VAS DECEASED EVER YES NO OR UNKNOWN) NO		E WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT		DDRESS	U.s.		
	NO			367-03-	8946	Mrs. Doris	Fergueson Same as			- "	
	18 CAUSE OF DEATH	H (Enter on	ly one couse per	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· /	2		37. 2	BETWEEN	ONSET AND DEATH	
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	Conditions, if ony, gove rise to imm		(b)	MENT	May	00/1010/00	7 -		with t	11.01	
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	underlying couse		DUE TO, OR	AS A CONSEGUE	THE	CVD.					
	DANG COMMISSION CO.	LOT OF A LIVE	(c)	9 CW 1 C	E A THE PLAN						
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- 2	saw the decease above, (I) (we) (c				C.	that in Imy) (our) apinion (death occurred on	he date and hou			
	27th SIGNATURE	Hall (did no	view, the body	offer Boath.		DEGREE			726 DATE	SIGNED	
	1	1/2	/			ATTENDING	MEDICAL	STAFF	J.	110%	
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	SPECIFY)		5/10		-AVNE OF C	EMETERT OR CREMATORY	CITY OR TO		COUNTY	STATE	
24 SI	Remova:	L	1 3/10	1/03		Int. DAT	E REC'D. BY REGIS	TO ADIZEL DECIS	TDAD'S CICNIA	TURE	
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M. GRAIDWHID . SE REIZH GOIRT BEC

PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTII	ICATE OF DEATH	REG N	D.		
1. DECEASED NAME FIRST		MIDDLE		SHER	MAY 6TH, 1		DAY YEAR	26 HOUR 1;13 A
3. SEX FEMALE	4 RACE CAUCA	SION	S DATE O		6 AGE (IN YEARS LAST BIR NINETY-ON	7	IF UNDER 1 YEAR	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	WHAT COUNTRY?	WIDOWI		BALTIMORE CITY O		OF DEATH CUMBER	RLAND MD
CUMBERLAND	MEMO	RIAL HOSP	ITAL	or other institution	12a USUAL OCCUPATION OF WORK FOR MOST ON NO.	E WORKING HE	E) INDUSTRY	home
USUAL RESIDENCE HE NURSING HOME OF 13a. STATE 13b. COU	egany	GIVE RESIDENCE BEFORE 13t CITY OR TOW Cumber1	N .	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A	zip code er Sti	reet/21	502
John Barti	LK MIDDIE	LAST		Is MOTHER'S MAIDEN NA/ FIRST Joseph	hine Swack		LAS	57
16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) 1 IF YES, G	RMED FORCES? IVE WAR OR DATES)	214-05-9		MEMORIAL H	ADDRE	\$5		
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUE	NCE OF	nay Artey	Disean		BEIWEEN	imate interval Onset and Death
PART 2 OTHER SIGNIFICANT	Selfe	belowing to E	DEATH BUT	NOT RELATED TO THE TERM		DITION GIV	EN IN PART I	a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO		, WERE FINDIF YING CAUSES S	
OR CONTRIBUTING CAUSE OF DI OR EITHER NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED	EATH HOUR A P 21e. PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE F.	19	21c HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJUI		COUNTY	STATE
22a certify that (1) (this has		10		nd that in (my) (aur) apinian o				that (I) (we) last
above. (I) (we) (did) (did)?	at) piew the bady	after death.	M	DEGREE ATTENDING	MEDICAL STAI	FF	22¢ DATE	
DR. NAGARATI	The same of the sa	ITHAN		22e ADDRESS				

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT

23e BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

05-08-1985

23c NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | 250 DATE REC

23d LOCATION

James F. Scarpelli, Cumberland, MD 21502

Cumberland Allegany

By REGISTRAR 256 REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within retained by the hospital or attending physician.

BP___ DHMH - 16

7 193		CEASED NAME	FIRST	A	MD 2156		FICATE OF DEATH	20 DATE	OF DEATH	MONTH	DAY Y	YEAR	2h HOUR
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		Maryland	PR FOREIGN 76	U.S.	WHAT COUNTRY?	MARRIE	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH					
7		TY OR TOWN OF DI		11. NAME OF HOSPITAL, NURSING HOME OF			OR OTHER INSTITUTION						BUSINESS OR
Ż	U5U/	AL RESIDENCE (# NU	RSING HOME OR OT	HER INSTITUTION		RE ADMISSION	pital					estvaco	
1	Ma	ryland	Allega				YES NO I	409 Spruce St. 21563)
		ilbur	WIE	MIDDLE LAST Frantz			Hazel	1	Myers				
	17	VAS DECEASED EVE YES, NO OR UNKNOWN)		VAR OR DATES)	166 SOCIAL SECTION 2201048		Mrs. Edna B	lana water	ADDR	ernpoi	- W	4.3	24:62
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STATE OF MARYLAND

Boals Funeral Home

Boels Fonors Hore The Holland State of the State of the Holland State

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90 Main St. Foststnort, MD 21562

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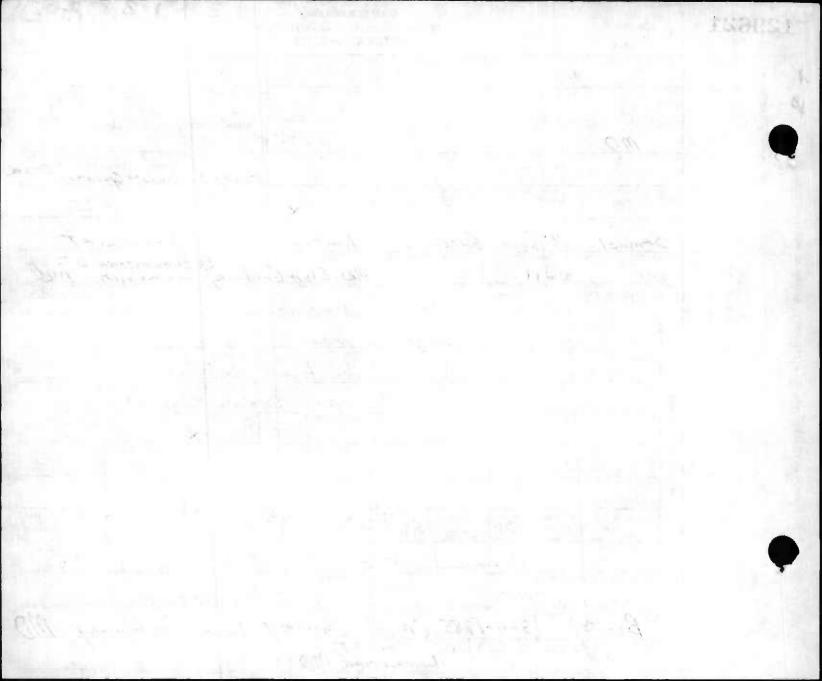
ATTENDING PHYSICIAN: The law intel or attending physician.

STATE OF MARYLAND

- STATE REGISTRAR			UEPAKIA	CERTIF	ICATE OF DEATH	MYGIEN					
DECEASED NAME	FIRST	,	AIDDLE	1	AŠŤ	1 2 m	REG. NO	MONTH	DAY YE	EAR 2	2h HOUR
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SEX	HOME	4 RACE	74	5 DATE C		6.7	AGE (IN YEARS LAST BIRT		IF UNDER I	YEAR	IF UNDER 24 HRS
		whit	0	5/2			61			DAYS	HOURS MIN
Male R. BIRTHPLACE ISTATE O	OR FOREICH	whit	WHAT COUNTRY?	The second second	21/23		61 BALTIMORE CITY O	YRS.		TM	
COUNTRY) M D	OK TOKE KOIN			MARRIE	D NEVER MARRIED		Allegar	_			
CITY OR TOWN OF	DEATH	USA		WIDOWE	DIVORCED DIVORCED		USUAL OCCUPATI			INID OF	BUSINESS O
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(YES, NO OR UNKNOWN)	VER IN U.S. AR.	WAR OR DATES)	215 16		MRS. Elva	Car	ADDRI 23 C	horele	estown	N S	tino
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In DATE OF OPE	KATION	146 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED		YES NO	IN CERT	TIFYING CA		
OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	LY IN ITEM 10	B, PART I OR PAI	AT 2)	
	T WHILE T	21R PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOV	VN.	COUNT	IY	STATE
sow the deco	eased alive an	4	e deceased from	-	nd that in (my) (aur) apir	inion dea	th occurred on the de	te and h	our and frai		nat (I) (we) fo ouses stated
226 SIGNATURE		SIA	on the	7	DEGREE ATTENDIN PHYSICIA		NEDICAL STA		226.	DAJES 5/1	CHED-
Dr.	S. L. S				27* ADDRESS 48 Tarn	Terr	race, Fros	thur	a MD	215	532
BURIAL GEMATIC	N, REMOVAL	1236. DATE 5-4-	1985 0	NAME OF C	EMETERY OF CREMATO	ORY	23d. LOCATION CITY OR TOWN	1	Folker in	+ NU	STATE
FUNERAL DIRECTOR	Dring	uneral	Home Los	MAIN			CD. BY REGISTRAR			GNATU	

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, then



1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		WEL	CAL	EXAMINE	R'S CERTIF	ICATE	OF DEA	TH	REG. NO).			
6		CEASED NAME OR PRINT)	Tames H	arold Goss	MIDDLE		LAST			20. DATE KI OF DEATH A	NOWN ESTI-	-	9	185	25 HOUR 0334
	3 SEX		Cau	5. DATE OF BIRTH	8 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 56 YRS.		HOURS		2c. DATE PRONOUNC DEAD	.ED	MONTH 5	9	85 19	2d HOUR 0334 _M
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	MEDICAL CER		OR G CAUSE OF	DEATH P.M.	MONTH	DAY YEAR	21c HOW INJUI	RY OCCURRI	ED (ENTERN	IATURE OF INJUR	Y IN ITEM 18 P	PART T OR P	ART 2)		
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MORE, MARYLAND,		22a I certily death resulted		ge of the remains described	ribed abo	Suicie	TITLE	Inspection icide (SPECIFY)	Undete	Inquiry [**	d in my o		5-9-8	85
2		SIGNATURE EXAMINER'S N (TYPE OR PRIN	AME P	aul Snow,	M.D.		M.D. 213		MEDI	Hospi		SIGN			
	(5)	Buria.		236. DATE 05 – 13–1985		name of ceme stlawn N		Gard.	. Cur	Mberla	nd	Alle	gan	y i	ÄĎ
	24. FL	James F		elli, Ĉumb	erla	nd, MD 2	21502	MAY 1	REC'D. BY		a Deur	RARS	Parya	مالان	- Carrie

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

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FOR - STATE PEGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY	YGIENE	
CERTIFICATE OF DEATH	REG. NO.	
LAST	20 DATE OF DEATH MONTH DAY YEAR 26	HOUR 2:2
HENSEL	May 28, 1985	P. M

STATE

STATE

						REG. NO.			
I. DECEASED NAME	FIRST	= /	MIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR 2:	
(TYPE OR PRINT)	BESSIE		M	HENSI	EL	May 28, 1985		P. M	
3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
female		white		03	-14-1897 YEAR	88 yr	MONTHS DAYS	HOURS MIN.	
BIRTHPLACE (STATE OR FOREIGN		76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH		
MD		USA		WIDOWE		Allegany		MD	
10 CITY OR TOWN OF	DEATH	11. NAME OF	OSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR	
Cumberland		Mem	orial Hos	spital		Housewife	NG LIFE) INDUSTRY OWN home		
USUAL RESIDENCE (IFN 130 STATE MD	1136 COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOW Cumber1	N .	13d INSIDE CITY LIMITS?	13e STREET, ADDRESS / ZIP, CO Winifred & Wi	DE Iliams R	oad/2150	
14 FATHER'S NAME FIRST Char	cles Gi	lpin La:	shley		15. MOTHER'S MAIDEN NA FIRST Rebe	ecca Nycum	LAS	.1	
160 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
(YES NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	800-00-8	755	Mrs. Doris O	rndorff, Cumber	land, MD	-daughte	
18 CAUSE OF DE PART I. DEATH	WAS CAUSE	ly one couse per D BY E CAUSE (o)	line for 101/161, and	rie	umnia	•	BETWEEN	MATE INTERVAL ONSET AND DEATH	
A CONTRACTOR		DUE TO, O	R AS A CONSEQUE	NCE OF					
cause (a), sta	inny, which immediate oting the use lost.	DUE TO, O	r as a Conseque	NCE OF					

		(c)				
	PART 2 OTHER SIGNIFICANT	CONTIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DE	SEASE OR CONDITION GIVEN	IN PART I
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96 CONDITION FOR WHICH OPER CON WAS PERFORMED CERTIFICAT 190 DATE OF OPERATION 200 AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove. (I) (we) (idid) (idid not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 27120AT

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME I THE 22e ADDRESS Memorial HOspital

Dr. Halmos Cumberland, MD 21502 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

Burial 05-31-1985 Hillcrest Burial Park Cumberland Allegany 24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, MD 21502

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

ATTENDING

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: Afre should be deteched for use os with the State Dept. of Health

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IMPORTANT:

MEDICAL

- STATE

(TYPE OR PRINTS

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DECEASED NAME

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4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3 SEX MONTH YEAR Male White 6 9 13 71 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED XX WIDOWED Allegany ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFEL Textile Laborer Memorial Hospital Cumberland USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3. STREET ADDRESS / 71P CODE P.O. BOX 1722 21502 Cumberland Md. NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Twigg John Hess Agnes ADDRESS 12652 Grey Eagle Ct. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. John Hess Germantown, Md. 217/10/4022 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO Нуд 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 23 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC) STREET NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above. (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DIREC 226 SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 270 ADDRESS Memorial Hospital Medical Building Dr. H. C. Merrick Cumberland, MD 21502 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION STATE 5/9/85 Removal 25a DATE REC D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Balto., Md. Anatomy Board (VRA 15, 4)

HESS

STATE OF MARYLAND 8 5
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH MONTH

May 8, 1985

U	REGISTRAR ECEASED NAME	FIRST	MIDDLE	F	LAST	ATE OF DEATH	REG.		DAY YEAR	26 HOUR
	PE OR PRINT)					NEBAUGH				8:50 A.N
13	×	EARL	4 RACE	ORNTON	5 DATE OF B		MAY 1		IF UNDER 1 YE	701
	Male	100	White		MONTH	DAY YEAR			MONTHS DAY	
10 M	BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	8	y 12, 1924	61 9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
3	Maryland	11	USA		MARRIED WIDOWED	NEVER MARRIED DIVORCED	ALLEGA	_		MD
10	CITY OR TOWN OF	DEATH	11. NAME OF HOSE		G HOME OR		12th USUAL OCCUPA	ATION	12b. KIND	OF BUSINESS OR
A	Cumberlan	d /		HEART		AL	Track Fo.			O Railroad
	UAL RESIDENCE IN N STATE Md.	113b COUN		RESIDENCE BEFORE CHTY OR TOW It. Lake	N \$130	I INSIDE CITY LIMITS?	13e.STREET ADDRES 511 E St			1550
1/94.1	FATHER'S NAME	- 1		LAST		MOTHER'S MAIDEN NA			-	
14	Earl		ıber H	inebau	gh	Minnie	WIDDIE			l fong
160	WAS DECEASED EV		MED FORCES? 16b	SOCIAL SECU	RITY NO. 17	INFORMANT	ADD	RESS		
7	Yes			17 14 4	+401 F	reda P. Hine	ebaugh, Se	e #13	above	
	18 CAUSE OF DE	ATH (Enter on	ly one couse per ly	for to 1, (b), one			-/-		APPRI BETWILE	DXIMATE INTERVAL
10	PART I. DEATH		E CAUSE (o)	ind	00	selle .	malo	210	4	morth
			7	1						
			DUE TO, OR AS	A CONSTQUE	NCE OF				1	
	Conditions, if o		DUE TO, OR AS	A CONS QUE	NCE OF					
	gove rise to couse (a), sta	immediate ating the	DUE TO, OR AS							
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	gove rise to couse (a), stounderlying con	immediate ating the use lost.	DUE TO, OR AS	a conseque	NCE OF	T RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART	10
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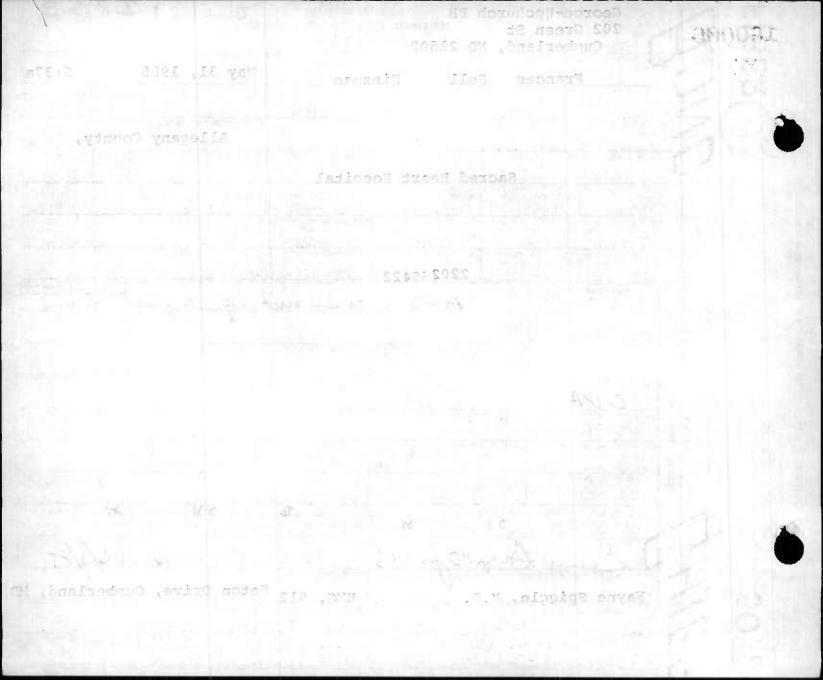
PREDERICH MILTERSTON, N.D. 124 S. CHARLES STREET, CAMPINE TO 01500

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-		REGISTRAR Cumbe		MD 2150		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	TYPE	ORPRINT) Fra	inces	Bel1	Hir	nzman	May 31,	1985		5:37
	3. SE		4 RACE		5. DATE (OF BIRTH	6 AGE IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	emale	Whit	0.	_	aru 19.1900	85	YRS.	MONTHS	HOURS MIN
20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COUNTRY	(? 8	D NEVER MARRIED	9 BALTIMORE CITY	_		
3/5		aruland	U.S.	Α	WIDOWI	EDX DIVORCED			County	7
11	10. C	ITY OR TOWN OF DEATH		OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS C
5/23	C	umberland		cred Hea		spital	Homema	ber	Hor	ne
20		AL RESIDENCE (IF NURSING HO STATE 13b C	ME OR OTHER INSTITUT	130 CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
10			legany	Cumber	land	YESXX NO [uette	Street	/ 2150
111	14. E/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	
1/		Truman	-	Mille	100	Susan	_		LUnl	nown)
1		WAS DECEASED EVER IN U.S	S. ARMED FORCE		CURITY NO.	17. INFORMANT	ADDR	RESS		
1/		No	-	22016	5422	Betty Hinzman	1-Address s	ame a		
4		18. CAUSE OF DEATH (Ent PART I DEATH WAS CA	er anly ane cause						BETWEEN	MATE INTERVAL ONSET AND DEAT
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STATE OF MARYLAND

George-Upchurch FH



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		PF	0	N	c

	1. DECEASED NAME	FIRST	WIDDLE		LAST		20. DATE OF	DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE OR PRINT)	LUTHER	KEN	NETH	HITE		May	18, 1	.985		11:03a
- 1	3. SEX	4 RAG	CE	5.	DATE OF BIRTH		6 AGE (IN YE	ARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White		July 10	1911	73		YRS	MONTHS DAYS	MOURS MIN.
1	. BIRTHPLACE (STATE OR	FOREIGN 76. CT	TIZEN OF WHAT C	OUNTRY? 8	MARRIED X NEVE	B AA A BBIED	9 BALTIMOR	E CITY O	R COUNT	Y OF DEATH	
2	PA COUNTRY)		USA			DIVORCED T	Alleg	anv			MD
13	10 CITY OR TOWN OF DE			L, NURSING	HOME OR OTHER IN	ISTITUTION	12a. USUAL O	CCUPATION			OF BUSINESS OR
	Cumberland	Mem	enotin such facility, orial Hos	give street abbi	and Med.	Center	retire			-	osives
1	U UAL RESIDENCE (IF NUR	SING HOME OR OTHER		Y OR TOWN		CITY LIMITS?	13e STREET A			130	14461
2	PA	Bedfor		#3 Bed	FOOD YES TO	NO X				O Bedfo	rd PA 15
-	FATHER'S NAME		4 1116	0 0/10	15 MOTHE	R'S MAIDEN NA			7.1.	/ ADCOLO	
3	Charles	MIDDLE		Hite		Katie		WIDDLE		Mil	ler
0	160 WAS DECEASED EVER			CIAL SECURIT	Y NO 17 INFOR			ADDRE	SS		
2	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR	214-	-16-228	9 Ruth	Hite Rf	d#3 Box	#190	Bed	ford PA	15522
	18 CAUSE OF DEA	TH (Enter only one VAS CAUSED BY	cause per line for	(a), (b), ond (c		-	0.	4 - 0	1	BETWEEN	ONSET AND DEATH
	PARTI. DEATH	IMMEDIATE CAL	JSE (a)	rai	onespu	ralov	y w	res	1		
			UE TO, OR AS A C	PNSEOVENC	EOLOLOLO	DIN	10101	11 10	110		
	Conditions, if any gave rise to im	mediote	(b)	2110	Cocca		acc.	000	000		
	couse (a), stati underlying caus		UE TO, OR AS/A C	ONSFOUENCE	E CO	P.D					
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	190 DATE OF OPERA	Cerev	ellar	her	uonas		ual -	rail	une	all	A CHONG
7	90 DATE OF OPERA	ATION 1	96. CONDITION FO	OR WHICH OP	ERATION WAS PER	ORMED	20a AUTO	PSY?		S. WELL HOLE FYING CHUSES	
4	HITT.						YES 🗌	NON		ES 🗌	NO 🗆
7		hand a	16 TIME OF INJUR		YEAR 21c. HOW	INJURY OCCUR	RED (ENTERNAT	URE OF INJUR	IN ITEM 18	PART I OR PART 2)	11.00
1	OR CONTRIBUTING	CAUSE OF DEATH	P.M.	NIN DAI	19						
	(IF EITHER NOTIFY MEE	RRED 2	e PLACE OF INJU		211. LOCA			CITY OR TO	WN	COUNTY	STATE
	WORK NOT W	HILE	AT HOME STREET FACTO	ORY OFFICE, FARM	EIC)	1		-	<i>f</i>	0-	
	220-1 certify that	(this hospital) g	tended the decea	led from	-1301			6	18	19 81	that (we) lost
	sow the decear	sed alive an	the body offer de	ath. 1985	ond that in (p	V) (aur) apinion	deoth occurred	on the po	ite and ho	ur and from the	causes stated
	22b. SIGNATURE		, 1	44	DEGREE		/			22c DATE	SIGNED

DHMH - 16 50M 7/84 (VRA 15. 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE

22d PHYSICIAN'S NAME (TYPE OR PRINT)
Dr. S. Nathan

Shout Calle

Silcox-Merritt F.H. 404 Decatur St. Cumb. MD

burial

24 FUNERAL DIRECTOR

Cumberland,

21502

Sunset Memorial

Cumberland

Memorial Hospital Medical Bldg.

ATTENDING ANDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Allegany MD

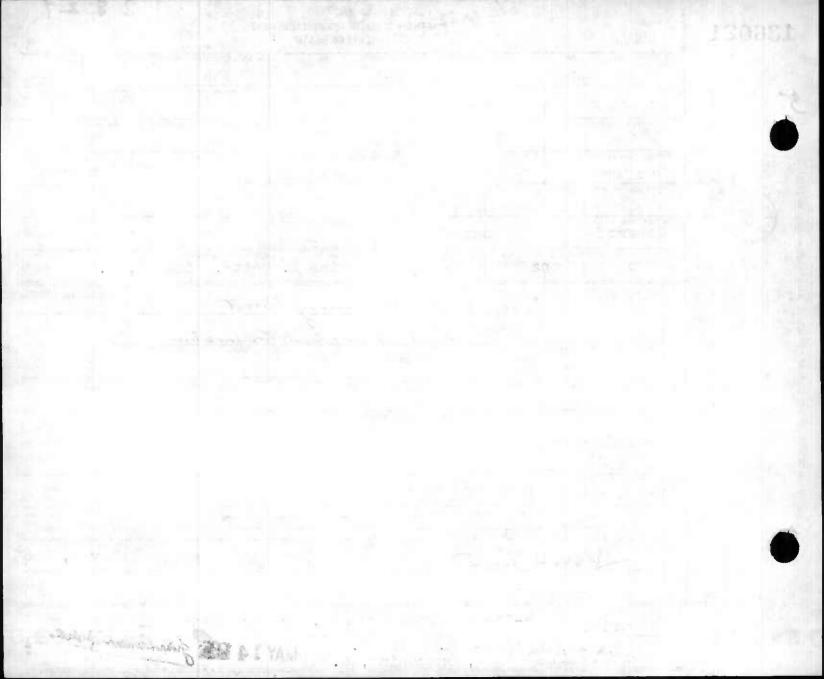
REAR ENTERS

ZAN COLON

Twee A. ErMan & Abones Main St.

Eichorn Funeral Home, Lonaconing, Md.

DHMH-16 25M (VRA 15, 4) 1/79



134	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		2828
	CEASED NAME FIRST ALBER	T LEE	JENKINS	May 11, 1985	P. 30
3 SE		RACE White	5. DATE OF BIRTH MONTH 09 19 19	6. AGE (IN YEARS LAST BIRTHDAY) 21 72 YRS.	FUNDER I YEAR IF UNDER 23 HRS
99	COUNTRY) Un known	Unknown NAME OF HOSPITAL, NURSIN		Allegany N 126 USUAL OCCUPATION	MD 12b. KIND OF BUSINESS OR
	Cumberland JAL RESIDENCE (MEORIC STATE (COUNT	Memorial Hos THER INSTITUTION GIVE RESIDENCE BEFORE Y 136 CITY OR TOWN	pital ADMISSION)		99999
29	WV Mine ATHER'S NAME FIRST M M M M M M M M M M M M M	ral Fortashby	YES NO [15. MOTHER'S MAID FIRST Unknown		ery 26719 /
	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECUL WAR OR DATES) 218-03-	RITY NO. 17 INFORMANT	ADDRESS Records	
d by the premaining program else remove containen adja oil, cremotion, di removal or other traumatic event, i	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	astate@ Notiver Note of	Caremonia	
THECATION	196 BATE OF OPERATION	Muany	PEATURE NOT RELATED TO THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	TE TERMINAL DISEASE OR CONDITION GIVEN THE PROPERTY OF THE PRO	, WERE FINDINGS USED YING CAUSES OF DEATH?
the buriol-from ond Mentol from ed or flem, it was MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	Y YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 F	COUNTY STATE
JRECTOR Arrected for use os ospit, of Heolth them 21 is mork	22a I certify that of this hospits saw the deceased alive on above. (I) (was taken) (did not) 27b. SIGNATURE	57// 190	DEGREE	opinion death occurred on the date and hou	19 that (I we) lost or and from the couses stated
d be detoo	22d PHYSICIAN'S NAME TYPE OF Dr. S. Nath		22e ADDRESS M	DING MEDICAL STAFF CIAN DERECTOR PHYSICIAN DEMOTIAL HOSPITAL Med umberland, MD 21502	 Bldg.,

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

5-13-85

236. DATE

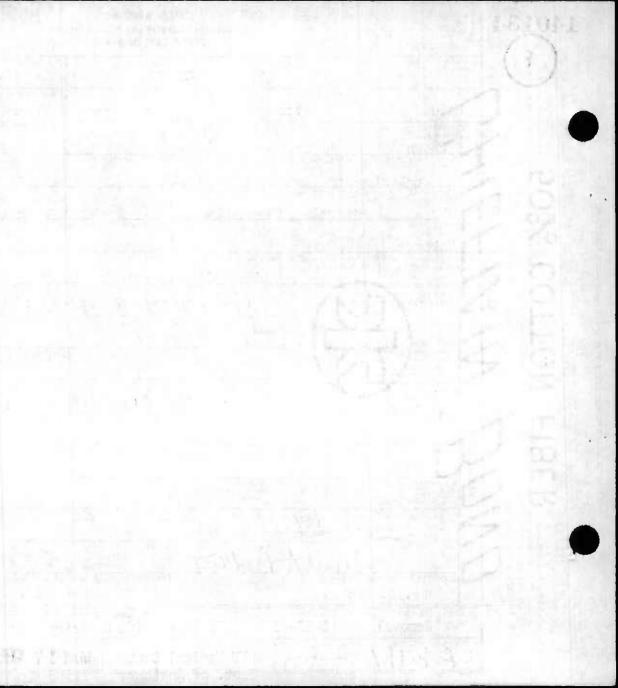
230 NAME OF CEMETERY OR CREMATORY WVU Human Gift Registry

23d LOCATION

Morgantown, Monongalia, WV WVU SMedical Center, McMantown 186

Dept. of Anatomy,

26506



DIVISION OF VITAL RECORDS, 201 W, PRESION SI., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 m retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 harm after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be normed at once
DIVISION OF VITAL RECORD	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requireding by the hospitol or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.	IMPORTANT: If them 21 is marked or them 18 shows any inju

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STATE OF MARYLAND	8	5	į	2	8	2	-
PARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH							
CERTIFICATE OF DEATH		REG N	0				

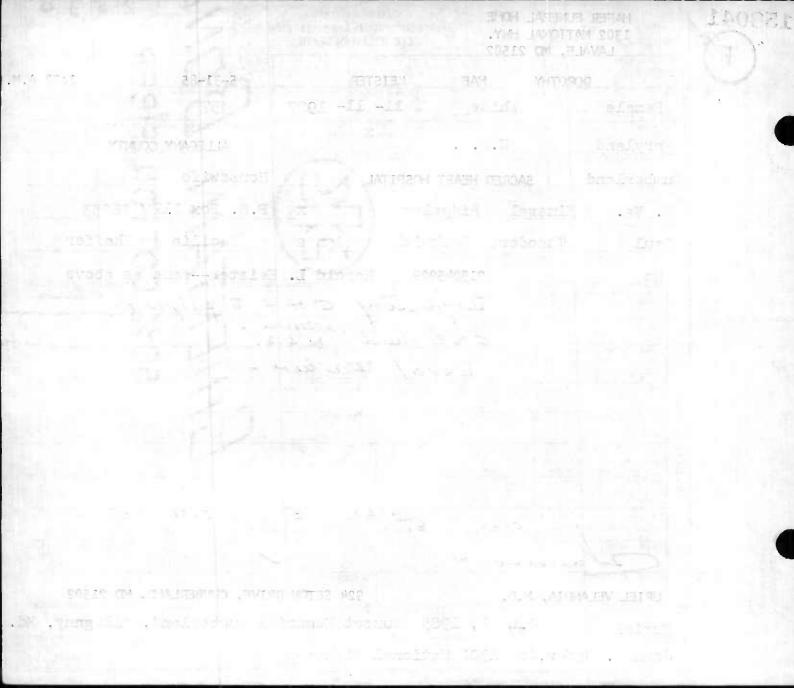
1	1-	STATE REGISTRAR			DEF	CERTIF	ICATE OF DEATH	REG. N	O.		
		CEASED NAME OR PRINT)	FIRST	1	(R)		oyce	2a. DATE OF DEATH	MONTH DAY	-85	26 HOUR 8
	3. SEX	F		RACE		S. DATE O		6. AGE IN YEARS LAST BIR	YRS	THS DAYS	IF UNDER 24 HRS
2	C	Ohio		USA		MARRIE		9. BALTIMORE CITY O			MD.
2		ty or town of de. Cumberland		Without in suc	Land	MKSIN	g NomE	126. USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE OF TH		ILLE	CO.
5	13a S	MD	136 COUNT		13c. CITY OR		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 506 Spri	ngdale	Stree	t/21502
1	14 FA	THER'S NAME FIRST Will	liam Ma	ASON	LAS	T	15. MOTHER'S MAIDEN NA	se Meehan		LAS!	1
		VAS DECEASED EVER (ES, NO OR UNKNOWN) (DO		ED FORCES? WAR OR DATES)		SECURITY NO. 17-0141	Mr. Paul Joy	ce, Cumberla		- hus	sband
		18 CAUSE OF DEAT PART I. DEATH V	H (Enter anly VAS CAUSED IMMEDIATE		line for to 1, (1	dio-hes	biratory F	ailure		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
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	MED	21d. INJURY OCCUR	HILE [21e. PLACE ((AT HOME STR		FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
		220.1 certify that (1) sow the decease above, (1) (we)				19 o	nd that in (my) (our) opinion			nd from the	
		27b. SIGNATURE	1/20	stres	the			DIRECTOR PHYSIC	IAN	22c. DATE	SIGNED
		S. M.			A		Cu	memoria, wherland		21502	
		URIAL CREMATION, SPECIFY) Burial	REMOVAL	236. DATE 05-13-	1985		EMETERY OR CREMATORY	23d LOCATION CUMberla	and Al	ounty Legany	STATE MD

DHMH - 16 50M 4/82 (VRA 15, 4)

James F. Scarpelli, Cumber1and, MD 21502

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

4 1		REGISTRAR AVALE	MD 2120	MIDDIE		AST	REG. NO 20. DATE OF DEATH		Y YEAR	2b HOUR
1	(TYPE	ORPRINT)	THY	MAE	KEI	STER	5-31-8	5		1:37 A.
	3 SEX		4. RACE Whi	te	5. DATE O	F BIRTH 1927	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	
3		RTHPLACE (STATE OR FOREIGN) COUNTRY) Maryland		WHAT COUNTRY?	MARRIE WIDOWI	DIVORCED D	9 BALTIMORE CITY O	ANY COL		MD.
No.	10 CI	mberland	11. NAME OF		NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	ON F WORK ING LIFE)	126 KIND C	OF BUSINESS OR
30	130 S	AL RESIDENCE (IF NURSING HOME (STATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	P.O. Box	ZIP CODE 212/	2675	9999
1	1	ATHER'S NAME PIRST T	heodore	Beckw	rith	15 MOTHER'S MAIDEN NA Agnes	Cecili		Shaf	fer
3		VAS DECEASED EVER IN U.S. A YES NOORUNKNOWN) (IF YES C	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECTION 21324592		Harold L.	ADDRE Keister:			OVE
		anye rise to immediate	1	CAD	5000	d HI'	4			
Ty mjury, or other	ATION	gave rise to immediate cause (a), staffing the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	PR AS A CONSEOU PEN ONTRIBUTING TO	DEATH BUT	Failer NOT RELATED TO THE TERM	e — NINAL DISEASE OR CONT			
S show agry missry, or other	IFICAT	cause (a), stating the underlying cause last.	(c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	OR AS A CONSEOU ONTRIBUTING TO ONTRIBUTION FOR WHICH OF INJURY	DEATH BUT	Failer NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFY II	WERE FINDI	
hed or hem 16 shortery mury, or other		cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE	CONDITIONS C 196 COND 196 COND 196 COND 196 COND 196 COND 216. TIME C HOUR A HOUR A ER) P 216. PLACE	ONTRIBUTING TO	DEATH BUT H OPERATION	Failer NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFY II YES	WERE FINDI	NGS USED S OF DEATH?
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		REGIST COMBERLAN CEASED NAME FIRST E OR PRINT)		502 MIDDLE	LAST		20 DATE OF DEATH MO	ONTH DAY YE	AR 26 HOUR
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1	1,58	×	4 RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS	YEAR IF UNDER 24 HRS
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8	C	ity or town of DEATH umberland	SAC	RED HEAR	OF HOSPITAL	ISTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Potomac Elec	ORKING LIFE) INDU	
96	M	aryland Al	e or other institution DUNTY Legany	136. CITY OR TOW	and YES 🗴	NO [130 STREET ADDRESS / Z 11 S. Lee S	ip code treet /	21502
11/		ATHER'S NAME FIRST WILLIAM	MIDDLE H.	Kern	6 A	R'S MAIDEN NA FIRST MY	Frances	A	rmbruster
e medico		WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) I.W. II	578-01-			ADDRESS ADdress same		
6		8 CAUSE OF DEATH (Enter PART 1. DEATH WAS CA	r only one cause per	line far (a), (b), an	dic			BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
B)				d					
her troismake ev		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQUI	Form for	Arri L	Juved an	emy	9 day
injury, or other troismake ev	NOU	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OI b) 1 DUE TO, OI (c) 1	R AS A CONSEQUE	ENCE OF ENCE OF DEATH BUT NOT RELAT	ED TO THE TERM	vinal disease or condit	ION GIVEN IN PA	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ARNGIE	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR
	ASA KIT	ZMILLER	May 7, 198	35	1:15 a. _M
ale		ATE OF BIRTH MONTH DAY 1897	6 AGE (IN YEARS LAST BIRTHDAY) 8.7	MONTHS DATS	HOURS MIN.
M.Va	CITIZEN OF WHAT COUNTRY? 8	ARRIED NEVER MARRIED DOWED DIVORCED	Allegany		MD
or town of DEATH 11 imberland			120 USUAL OCCUPATION (117PE OF WORK FOR MOST OF WORK) (Oal Miner	MG LEEL INDUSTRY	F BUSINESS OR
d. Alle	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? PES NO □	Queen City		02
eorge W	ayne Kitzmi	ller Cora	Lewis	Kitz	miller
PART I DEATH WAS CAUSED I	DUE TO, OR AS A CONSEQUENCE	Parcreatit)	<u> </u>	BETWEENS	NSET AND DEATH
PART 2. OTHER SIGNIFICANT CO			20a AUTOPSY? 20b. IF	YES, WERE FINDIN	IGS USED
			YES NO	YES 🗌	OF DEATH?
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I P P P	RESIDENCE (IF NURSING HOME OR OT ATE 13b COUNTY ALLE 15b COUNT	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESSED AND GIVE RESIDENCE BEFORE ADDRESSED AND GIVE RESIDENCE BEFORE ADDRESSED AND GIVE RESIDENCE BEFORE ADDRESSED AND GIVE RESIDENCE BEFORE ADDRESSED AND GIVE RESIDENCE BEFORE ADDRESSED AND GIVE RESIDENCE BEFORE ADDRESSED AND GIVE RESIDENCE BEFORE ADDRESSED AND GIVE RESIDENCE BEFORE ADDRESSED AND GIVE RESIDENCE GIVE WAR OR DATES) BE CAUSE OF DEATH (Enter anly one cause per line far at), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE COUNTY (b), and (c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. FART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONNEIRBUTING CAUSE OF DEATH OR CONNEIRBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 10. DATE OF OPERATION 11. ACCIDENT WAS UNDERLYING CIP EITHER NOTIFY MEDICAL EXAMINER) 12. PLACE OF INJURY (IN LINJURY OCCURRED CAUSE OF DEATH CIP EITHER NOTIFY MEDICAL EXAMINER) 12. PLACE OF INJURY (IN LINJURY OCCURRED CAUSE OF DEATH CIP EITHER NOTIFY MEDICAL EXAMINER) 12. PLACE OF INJURY (IN LINJURY OCCURRED CAUSE OF DEATH CIP EITHER NOTIFY MEDICAL EXAMINER) 12. PLACE OF INJURY (IN LINJURY OCCURRED CAUSE OF DEATH CIP EITHER NOTIFY MEDICAL EXAMINER) 14. HOME STREET FACTORY, OFFICE, FARM, E	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATE 13b COUNTY LAST VES NAME RISST MIDDLE WAYNE KITZMITTER BOTGE WAYNE KITZMITTER COTA S. DECEASED EVER IN U.S. ARMED FORCES? INDORUNNNOWN) (IF YES, GIVE WAR OR DATES) B. CAUSE OF DEATH (Enter only one cause per line for on), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. CATT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM OR CONSTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM OR CONSTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM OR CONSTRIBUTING TO THE TERM OR THE TERM OR CONSTRIBUTING TO THE TERM OR TH	RESIDENCE (IF NURSING HOME OR OTHER HISTOTION GIVE RESIDENCE BEFORE ADMISSION) RESIDENCE (IF NURSING HOME OR OTHER HISTOTION GIVE RESIDENCE BEFORE ADMISSION) RESIDENCE (IF NURSING HOME OR OTHER HISTOTION GIVE RESIDENCE BEFORE ADMISSION) RESIDENCE (IF NURSING HOME OR OTHER HISTOTION GIVE RESIDENCE BEFORE ADMISSION) RESIDENCE (IF NURSING HOME OR OTHER HISTOTION GIVE RESIDENCE BEFORE ADMISSION) RESIDENCE (IF NURSING HOME OR OTHER HISTOTION GIVE RESIDENCE BEFORE ADMISSION) RESIDENCE (IF NURSING HOME OR OTHER HISTOTION GIVE RESIDENCE BY IN ITS ADDRESS / ZIP COUNTY OR OTHER SMAIDEN NAME FRIST ALL WIS NOTHER'S MAIDEN NAME FRIST RESIDENCE (IF NURSING HOME OR OTHER HISTOTION GIVE RESIDENCE BY IN ITS ADDRESS / ZIP COUNTY OR OTHER SMAIDEN NAME FRIST ALL WIS NOTHER'S MAIDEN NAME FRIST RESIDENCE (IF NURSING HOME OR OTHER HISTOTION GIVE RESIDENCE FRIST) IS MOTHER'S MAIDEN NAME FRIST RESIDENCE (IF NURSING HOME OR OTHER HISTOTION NAME FRIST) IS MOTHER'S MAIDEN NAME MIDDLE (IT IN ITS ADDRESS / ZIP COUNTY OF ITS ADDRESS / ZIP C	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATE 133 COUNTY 133 COUNTY 134 COUNTY 135 CITY OR TOWN Allegany 135 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 137 WEEP MADE TO TOWN 137 WINDLE 148 STREET ADDRESS / ZIP CODE 148 SOCIAL SECURITY NO. 15 MOTHER'S MADEN NAME 16 PART I DEATH WAS CAUSED BY: 16 DATE OF OPERATION 17 INFORMANT 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b.) and ic. 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b.) and ic. 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b.) and ic. 18 CAUSE OF DEATH (Enter only one cause per line for id.), (b.) and ic. 19 DUE TO, OR AS A CONSEQUENCE OF (c) 10 DUE TO, OR AS A CONSEQUENCE OF (d) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (d) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (d) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (d) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 11 DUE TO, OR AS A CONSEQUENCE OF (e) 12 DUE TO, OR AS A CONSEQUENCE OF (e) 13 DUE TO, OR AS A CONSEQUENCE OF (e) 14 DUE TO, OR AS A CONSEQUENCE OF (e) 15 DUE TO, OR AS A CONSEQUENCE OF (e) 16 DUE TO, OR AS A CONSEQUENCE OF (e) 17 DUE TO, OR AS A CONSEQUENCE OF (e) 18 DUE TO, OR AS A CONSEQUENCE OF (e) 19 DUE TO, OR AS A CONSEQUENCE OF (e) 19 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10 DUE TO, OR AS A CONSEQUENCE OF (e) 10

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O FUNERAL DIREC

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL

Dr. H. Merrick

226. SIGNATURE

230 NAME OF CEMETERY OR CREMATORY IOOF Cemetery

DEGREE

ATTENDING PHYSICIAN

Memorial Hospital Medical Building Cumberland, MD 21502

MEDICAL STAFF DIRECTOR PHYSICIAN

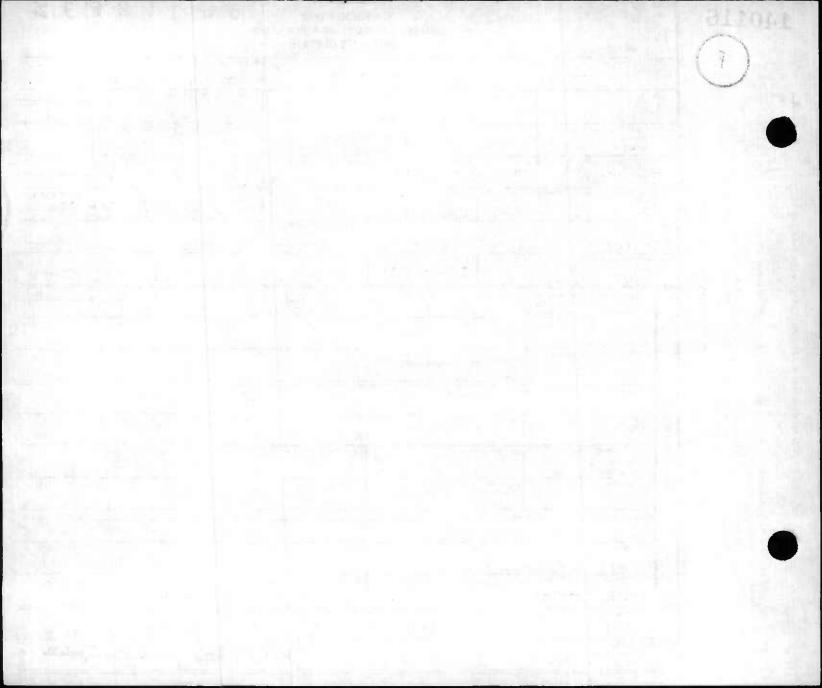
Elk Garden Mineral

22c. DATE SIGNED

24 FUNERAL DIRECTOR David A. Burdock Kitzmiller, Md

236 DATE

5-9-85



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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 mc	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral director is should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of the with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.
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FOR

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IMPORTANT: If Hem 21

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			CERTIF	CATE OF DEATH	REG. NO).		
I. DECEASED NAME	FIRS?	WIDDLE	L/	AST	20. DATE OF DEATH	MONTH I	DAY YEAR	26. HOUR
{TYPE OR PRINT}	Blanche	М.	Le	e		05 1	.8 85	1:25 A
3. SEX	4. F	RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
Femal	e	White	Sept		93	YRS	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE COUNTRY) Maryla		CITIZEN OF WHAT COUN	MARRIEL WIDOWE	D NEVER MARRIED DO DIVORCED	- A 1 1		OF DEATH	MD.
Cumber 1		NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ions Mano)	STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housew	F WORKING LIF		Home
USUAL RESIDENCE (# 130. STATE Maryland	136 COUNTY	13t_CITY_OR	BEFORE ADMISSION) TOWN erland	13d. INSIDE CITY LIMITS?	Queen Ci	neiva ir	owers,	/21502
Louis	MID	Weber	ī	Sara	MIDDLE		nos	ı?
160 WAS DECEASED E			SECURITY NO.	17. INFORMANT	ADDRE			
No		214-	05-4400	Mr. Brace	E. Lee -	Cumb	erland	MD
18 CAUSE OF D PART I. DEAT	EATH (Enter only of H WAS CAUSED B IMMEDIATE O		1 - 1	angythin	ia.		BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if gove rise to couse (a), s	ony, which immediate tating the	DUE TO OR AS A CONS	cauch	al In	enction.			
	SIGNIFICANT COM	notitions contributions		NOT RELATED TO THE T	MINAL PESE OR CON	DITION GIV	'EN IN PART 110	0
190. DATE OF OP	ERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES IS	
OR CONTRIBUTION	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PART 2)	
(IF EITHER NOTIFY 21d. IN JURY OCC	CURRED	218. PLACE OF INJURY	OFFICE, FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an obove, (I) (we) (did) (did not view the body after death

CITY OR TOWN and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN an

22d. PHYSICIAN'S NAME (INPEOR PRINT) 22e ADDRESS V. A. Ranjithan, M. D.

LMNH - Seton Drive, Cumberland, MD 21502

231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN Burial Hillcrest Burial

24. FUNERAL DIRECTOR

Cumberland, MD William G. Kight

22c. DATE SIGNED

COUNTY

STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

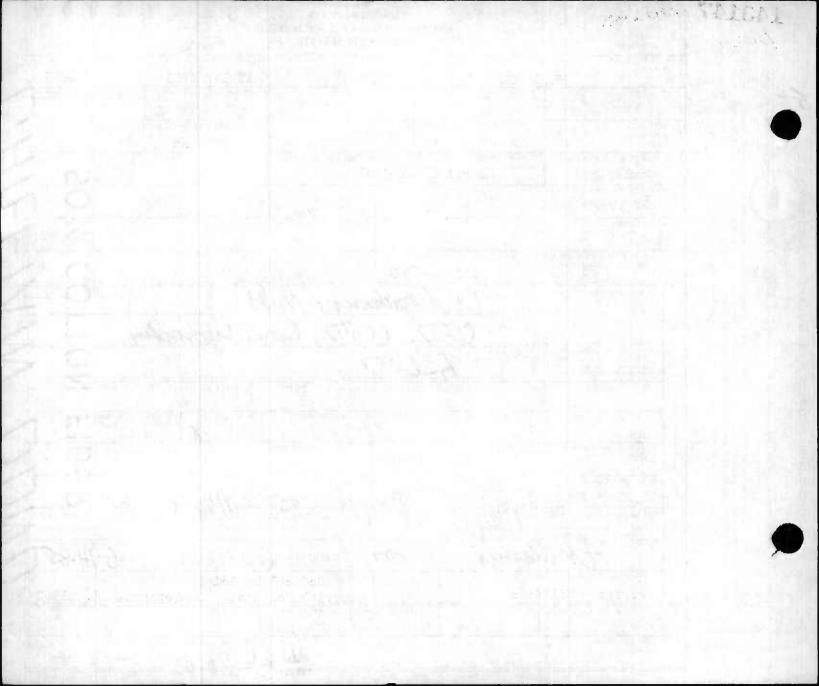
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		×	USA		á	Marylan
Housewife Own Home	Home	Nursing	Manor	Lions	nd	Cumberla
Green Point /, 21502 302	x	el and	(LaVa)	legany	Al	Maryland
Enos	Sara		Weber			Louis
Lee - Cumberland, MD	r. Brace E	(M				OW

Burial May 21,1985 Hillcrest Burial Cumberland, Alleg., MD William G. Kight Cumberland, MD

the Sator of Mo. Organic own to specify



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	FOR STATE REGISTRAR		MEI	DEPARTMENT OF H	FD'S	AND MENTAL H		TH.	i Gra		
	1. DE	CEASED NAME	FIRST	C	Pary	L	iller		DATE KNOWN OF ESTI- DEATH MATED		3 19 8	E DIZP
	SEX	M 4. RACE	11/ 1	Dec. 2,	1920 6 LYR	(Y) MONT		MIN P	RONOUNCED DEAD	MONTH 5	3 19 8	5 2:30 M
3	FOI	RTHPLACE (STATE OR REIGN COUNTRY) W. Va.	7ь.	U.S.	A .	8 MARR		ED	Alle	gany	TY OF DEATH	MD
6	C	umberal	nd	Memby	PITAL, NURSING HOME CILITY, GIVE STREET AGORESS) 19	rita	ER INSTITUTION		AL OCCUPATION OST OF WORKING LIFE) Carr		12b. KIND OF OR INDU	STRY Ser
5	USUA Na Si		Miner		RESIDENCE BEFORE ADMISSION ISC. CITY OR TOWN Burlingto		13d INSIDE CITY LIMITS? YES NO X	13e STREE	1 Box	19	999	99
29	M. FA	Clary		DDIE	Liller		IS. MOTHER'S MAIDE Amelia		MIDDLE		Adams	
3	1 AE	VAS DECEASED EVER	IN U.S. ARMED (IF YES, GIVE WAR O		236 20 9	162	17. INFORMANT	ler	ADDR		ton. W	
		18 CAUSE OF DEATH PART I DEATH W	H (Enter only on AS CAUSED BY:		for (a), (b), and (c).) A . S . C .	V.	D. 1				APPROXIM	NATE INTERVAL NSET AND DEATH
		Canditians, if a gave rise to cause (a) stating	iny, which immediate	DUE TO, OR	AS A CONSEQUENCE C							
		lying cause last.		(c)	BUT NOT RELATED TO THE TERMI		OR CONDITION GIVEN IN PA	RT 1 (a).				
7	CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDIT	ION FOR WHICH OPERA	ATION W	AS PERFORMED?			100	20 AUTOP	
3		210 EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR		MONTH DAY YEAR	21c H	DW INJURY OCCURRE	D LENTER NA	TURE OF INJURY IN ITE	M 18 PART 1 OR PA		NO [X
	MEDICAL	214 INJURY OCCURR WHILE DOT NOT AT WORK AT W			DF INJURY (AT HOME. ORY, FARM, ETC.)		CATION		CITY OR TOWN	со	UNTY	STATE
1		220. I certify that I death resulted from:			cribed above, held on	Autop	sy . Inspection		Inquiry 4,	and in my a	oinion	
-		ACTUAL SIGNATURE	1. ra	uresc	o leyes		.D. Deput	Y_MEDIC	CAL EXAMINER	DATE	5-3	-85
1		EXAMINER'S NAME (TYPE OR PRINT)	1 Fro	incisc	2 Reyes		ADDRESS 900	Seto		Cumbo	xland,	nd.
ì	{5	Burial JUNE RAL DIRECTOR		May 19	23c. NAME OF CEA		netery		ternpor	t All	egany	Md.
))		len Rotri	uck K	eyser,	W.VA.		De. UAIE	REC D. BY		REGISTRAR'S S	IGNATURE	

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS PETER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN LIEM IS GIVE PAGE BAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH COMPANY TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - REWIST PERMIT PAGE 3 SHOULD BE USED AS A BURIAL - REWIST PERMIT PAGE 3 MAN AND MENTAL INTORPER DIVISION BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVER. (VR A15 ME (5))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

And the said of th er sault de l'action de la laction de laction de laction de la laction de la laction de la laction de laction de la laction de la laction de la laction de lactio Olary .. Diller Amelia .. Amelia Year and the company of the state of the sta .a. yazılın trosmudası yaztınsa solin 2891 v. ta Tairus.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

450000	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
Toanar		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 75	(TYPE	GEORGE	DEWEY I	LIVINGSTON	May	26, 1985 11:34
6 - 6 -	1.5E		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
+ 25		MALE	WHITE	AUG 24 1898	86	MONTHS DAYS HOURS MIN
8 10 01	Ju. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	18	9. BALTIMORE CITY OR COUN	
4 32 1/6		COUNTRY	LICA	MARRIED MEVER MARRIED	Durch	
1 11/14	19 C	HOPEWELL I	11 NAME OF HOSPITAL NURSI	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD. 126 KIND OF BUSINESS OR
Cnx	Vo	umberland	(IF NOT IN SUCH FACILITY, GIVE STREET Memorial Hos	pital	TYPE OF WORK FOR MOST OF WORKING	
1	134.	TE U36 COUN	NOTHER INSTITUTION. GIVE RESIDENCE BEFOR NTY 13C. CITY OR TOVE FOND HOPEWEL	VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	DE 1685699
400	HE EZ	ATHER'S NAME FIRST	MIDDLE LIVINGSTO	15. MOTHER'S MAIDEN NA MARY	WE	BOLLMAN
1/1/2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	7	DOW) PORESS x 2	-
1 10 5		YES, NO OR UNKNOWN) (IF YES, GIV	208-03	-8773 KATHAYN LIVEN	GSTON HOPEUE	ec, 114.16650
of the state of th		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one cause per line far lav bi, ar	dict Chapt		BETWEEN ONSET AND DEATH
2000			TE CAUSE (a)	pue moco		
the contraction of the contracti			DUE TO, OR AS A CONSEQU	ENCE OF		
deo orte orte		Conditions, if any, which	(16) Seve	il selle	sing	
by the contraction one rem il, como		couse (or, storing the underlying couse lost	DUE TO OR AS A CONSESS	laurer los	be Preum	mig
aguires Then pla to buric mjury, o	NO	PART ? COPO	CAD TO THE TO TO	DEATH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION O	IVEN IN ART 1:0
1 1110	FICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
25 24 5	E					YES NO
Z 1 5 5 5 6 7	E E	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IE	B PART I OR PART ?}
20 20 87	13	OR CONTRIBUTING CAUSE OF DEA	NIA .	19		
State of the	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
Part Part Bar	2	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE,	FARM ETC)		
DIN OF STREET			tal) attended the decepsed from_	5 2 19 8	10 5 26	that w (we) lost
THE WORLD		saw the deceosed alive on above, (I) (www. (did) (did		and that in (my (aur) opinian	death occurred an the date and he	our and from the causes stated
Part of the state		22b. SIGNATURE	t) view the body after death.	DEGREE		22c. DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sha	ent lathor	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	
25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		22d. PHYSICIAN'S NAME (TYPE O		22e ADDRESS Memorial F	Hospital Medical	Building
20 014 9		Dr. S. Nathar	1	Memorial A	Hospital Medical Ave., Cumberland	, Md. 21502
CITICA		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
GP4 41		BURIAL	5-28-85 KE	FROMED	YELLOW CREEK, F	BEDFORD PA.
DHMH - 16 60M 7/84		UNERAL DIRECTOR	ADDRESS	250, DAT	E REC'D. BY REGISTRAR 255 REGI	STRAR'S SIGNATURE
(VRA 15, 4)	SE	ORGE-UPCHUNCHF. 1	4. 202 GREENEST	- CUMBERBARDMA	U 3 1900 Julia	Davidson-Abadolle

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

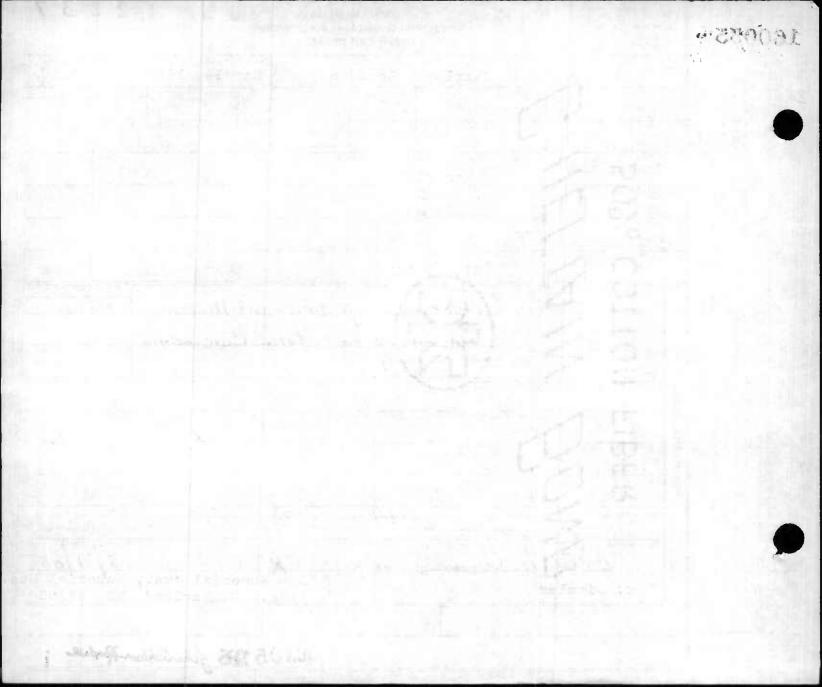
Т	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO			
h	I DECEASED NAME	FIRST	MIDDLE	ı	.AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
ı	(TYPE OR PRINT)	Raymond	Charles	Lo	gsdon	May 30,	1985		7:19	
1	3 SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST !	IRTHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS	
l	MALE	WHIT	E	SEPT		70	YRS	15 DAYS	HOURS MIN	
T	TO BIRTHPLACE (STATE O	R FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	HTASC		
4	MARYLAND	US	A	WIDOWE	_	ALLEGANY			MD.	
		TY OR TOWN OF DEATH Cumberland 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Memori								
	USUAL RESIDENCE (IF NU 130. STATE MARYLAND	RSING HOME OR OTHER INSTITUTION IN THE STATE OF THE STATE	134. CITY OR TOW CUMBERLAN	/N	13d. INSIDE CITY LIMITS? YES NO _	13e STREET ADDRESS 421 FURNAC		21	502	
	MICHAEL		GSDON LAST		15. MOTHER'S MAIDEN NA FIRST ELIZABETH	WIDDLE	NICHO	OL LAST		
	160 WAS DECEASED EVE (YES NO OR UNKNOWN) YES	R IN U.S. ARMED FORCE			17 INFORMANT MRS LAWRENCE	GRIFFITH 4	LAND MARY	ZI AND	21502 REET	
Ī		TH (Enter only one caus	e per line for ja), (b), an	d (c)				APPROXIM BETWEEN OF	NATE INTERVAL	
1	PARTI. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (c	Pulmon	ary C	on a estron 4	- Infiltra	Lion	48	hrs.	
1		DUE TO	D, OR AS A CONSEQUI	ENCE OF	, /	0:				
1	Canditians, if an		Adian	2000	1 motoctat	ic Caver	Amin			
ı	gove rise to immediate									
1	underlying course lost			- 1	~					
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to									
5	190 DATE OF OPER	ATION 196 CO	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
1	TIFE					YES NO YES YES		CAUSES (NO X	
1	21a. ACCIDENT WAS U	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ME OF INJURY	AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF IN.	URY IN ITEM 18 PART I	OR PART 2)		
	OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19						
I	IF EITHER NOTIFY MEI 21d. INJURY OCCU		ACE OF INJURY		211 LOCATION	CITY OR I	OWN	COUNTY	STATE	
1	MHILE NOT W	ORK (AT NO	AE STREET FACTORY OFFICE F	ARM ETC)						
1	22a.1 certify that (1) (this haspital) attende	ed the deceased from	5/3	19 8	5 to 5	19_	55_,1	hat (I) (we) last	
1	saw the decea	sed nime of a (d d ridid not) him the	30 ist death.	5, 01	nd that in (my) (aur) apinion	death accurred on the	date and hour one	I from the co	auses stated	
1	226. SIGNATURE	The m	11 3	7	DEGREE			22c. DATE S	IGNEP	
1	(1)	aller 11.	Dinneral	2 8	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	5/3	1185	
1	27d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Himmler			7	22e ADDRESS 500			Memo	rial Me	
1					B1d		rland,		21502	
1	230 BURIAL, CREMATION	I, REMOVAL 236. DAT	E 23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	BURIAL	JUNE	1 1985 SI	INSET	MEMORIAL PARE	CIMBERI.	AND ALLEC	CANV N	STATE	
1	24 FUNERAL DIRECTOR	IO OI IL		/ 1 The day of the second		TE REC'D. BY REGISTINA	REST REGISTRAR	SSIGNATU	RE	
	SILCOX-MER	RITT FUNERA	L SERVICE C	TUMBER	LAND, MILLIN	05 ms 4	Lie Downstown	-Spenter	all a	
E	OTHOUR INTE			Or and the		- 0	1	_		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and is should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be retained by the hospital or ottending physician.

IMPORTANT: If Hem 21 is marked at them 18 shows any injury, or other traumatic event, the medi



BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
		Willi	iam Brown Ludman			0.000	1985		:32a
3	3. SEX		4. RACE S. DATE C			6 AGE (IN YEARS LAST BI	THDAY) IF UP	TO CHI T TE SHIR	OURS MIN
L		Male	White Dec.		21, 1899	85	YRS		
1	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) OHIO 10 CITY OR TOWN OF DEATH Cumberland		USA WIDOWE			Allegany County,			,
			11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Sacred Heart	ADDRESS)		(170 USUAL OCCUPATION (170 OF BUSINESS (170 OF WORKING LIFE) INDUSTRY Ret. Accountant Transpos			
3	13e S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			13e.STREET ADDRESS / ZIP CODE 6 Parkside Blvd./21502			
	4 FA	THER'S NAME	Ludman Ludman		IS MOTHER'S MAIDEN NA Harriet		osselyn	1 LAST	
1		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDR			
	(4	Yes WW	2140561	89	Mrs. Ruth	Ludman -	same a	s abo	ve
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	711/1	red Volvul	no			
7	FICATION	gove rise to immediate couse (a), stating the underlying couse last	(b) 14/12	DEATH BUT	ALB VALVELS	200 AUTOPSY?	206. IF YES, WI	ERE FINDINGS G CAUSES OF	DEATH?
7	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONCEOU 10) 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT	ALB VALVELS	200 AUTOPSY? YES NO	206. IF YES, WI IN CERTIFYING YES	ERE FINDINGS G CAUSES OF	
7	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONCEOU 10) 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT H OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YES, WI IN CERTIFY INC YES INV IN ITEM 18 PART 1	ERE FINDINGS G CAUSES OF	DEATH?
7	-	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NO JIFY MEDICAL EXAMINER OF CONTRIBUTING ON THE CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF DEA (IF ETHER, NO JIFY MEDICAL EXAMINER OF CONTRIBUTION	DUE TO, OR AS A CONSEQUENCE TO THE BODY OF	DEATH BUT H OPERATIO PAY YEAR 19 FARM, EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211 LOCATION STREET . 19 and that in (my) (our) apinion DEGREE ATTENDING	280 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	296. IF YES, WIND CERTIFY INCERTIFY	ERE FINDINGS G CAUSES OF] h OR PART 2)	STATE t (l) (we) l
	MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK NOTIFY THE CONTRIBUTION OF THE C	DUE TO, OR AS A CONSEQUENCE TO THE TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE.) TO other body after death.	DEATH BUT H OPERATIO PAY YEAR 19 FARM, EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 19 19 19 19 19 19 19 19 19 19 19 19 19 21 19 .	280 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE CITY OF TO death occurred on the company of t	296. IF YES, WI IN CERTIFY INCERTIFY INCERTIFY INCERTIFY INCERTIFY IN THE MISS PART 1	COUNTY COUNTY COUNTY COUNTY COUNTY	STATE t (I) (we) II SNED

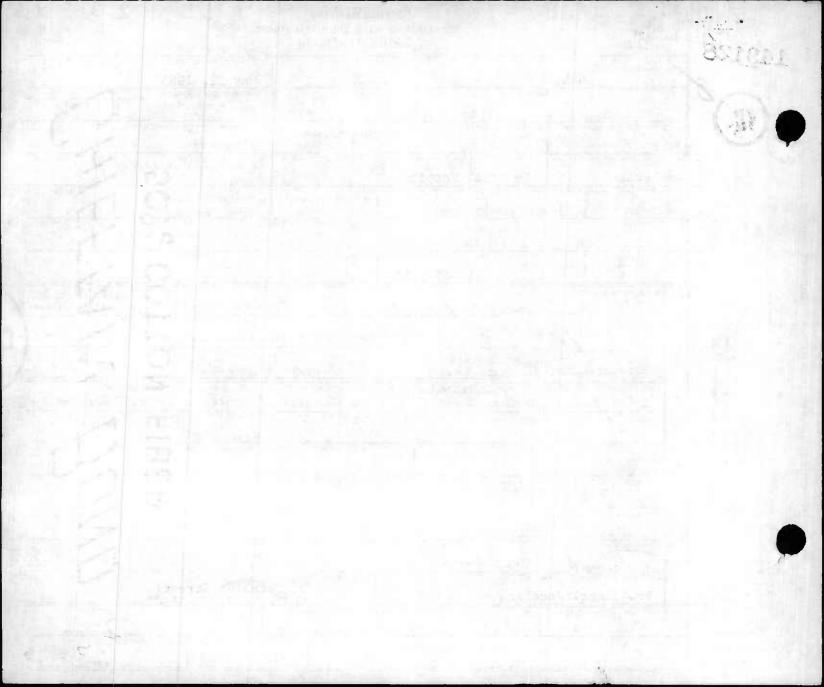
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	dunier frank.				

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

1 799	-	REGISTRAR		CERTI	ICAIL OI DEATH	REG. NO.			
Low		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MO	NTH DAY	YEAR 26	HOU51
2		HARO	LD	I	MARX	May 22, 198	85		Р.
0	3. SE	(4. RACE					DAIS HE	UNDER 24 HI
1		Male	MARX May 22, 1985 I. RACE S. DATE OF BIRTH MARY May 22, 1985 MARKED MARK May 22, 1985 MARKED	YRS	JA. 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
* Bund	70. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MA PDIE	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DE	ATH	
55	,	ryland	U.S.A.	100		Allegany	-	-	
1	10 CI	TY OR TOWN OF DEATH			OR OTHER INSTITUTION			KIND OF BI	USINESS
100	Cui	mberland						welr	. 7.7
9 9	USUA 130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COL						WOLL	1
55	Ma							2150	12
e e e e	14. FA	THER'S NAME	MIDDLE LAST					LAST	
0 1/1		Benjamin						Fine	
i co		VAS DECEASED EVER IN U.S. A		JRITY NO.	17 INFORMANT	ADDRESS			
med .	1			3971	Esther Man	cx. wife	same a	c 13	3-0
- +		18 CAUSE OF DEATH Enter of			4			APPROXIMAT ETWEEN ONS	
ent,					0 REST -VE	ENTRIC ULA I	R	20	mu
i e		IMMEDIA				FIBRE	- C 1141 2		-
mat mat			DUE TO, OR AS A CONSEQUI	ENCE OF	TEALCEATAL	11/20107	(0 0)	87	7A-9
atio		Conditions, if any, which	(b) 54CUTE	HN	THUZOS PEPS I ME	- INTITUTE	6 10		
her he		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			431	1 4	EA
al. o		underlying cause lost.	10 COR. AS	- /N	TOCAKOIAL	トリタスのから		- /	
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in to	O								
prio any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED				
dws dws	11						YES 🗍		10 🗆
dyging 8 sh	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR	PAR1 2)	
DE 7	AL	OR CONTRIBUTING CAUSE OF D	CAIN						
r He	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMIN		19	71F LOCATION	AGE (INTERRILATE BIRTHOAY) 6 AGE (INTERRILATE BIRTHOAY) 6 AS YRS 9 BALTIMORE CITY OR COUNTY OF DEA Allegany 120 USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING LIFE) INDU TOWN IT TOWN ADDRESS TX, WIFE SAME A ADDRESS TX, WIFE SAME A FINAL CULA R FINAL CU		-	
o pa	WE	and the second s		FARM, ETC)		CITY OR TOWN	COL	YINL	STATE
or Ay								les-	
is a contract of the contract								, tho	
21 of 1		the deceased alive a	not like the body ofter death,	. 0	nd that in (my) (our) opinion o	death accurred on the date	and haur and fr	om the cou	ses state
ep t		124 SIGNATURE			DEGREE	/	22.	DATESIC	NED
te D	1	/ Kumh	peer has		ATTENDING PHYSICIAN F	MEDICAL STAFF	, n	5-2	1 3.
Sto Sto	5	220 PHYSICIAN'S NAME THE				J DIRECTOR ED TOTAL			
the	6	Dw Comunal 4	anahaan		50 P	ershing Stree	et		
with the	***	Dr. Samuel J			Cumb		502		
		SURIAL, CREMATION, REMOVA SPECIFY)			CEMETERY OR CREMATORY	CITY OR TOWN		ſΥ	STATE
		Burial	5/24/85	East	View Cemete	ry Cumberl	and Al	legar	1V
6 60M 7/B4	24 FL	NERAL DIRECTOR Leas	ure-Stein Fune	ral			REGISTRAR'S S	GIGNATURE	Jandal
15, 4)			Ave Cumberla		MD 21F01 M	AY 2 7 1985	1.0	11 - 0	



- STATE REGISTRAR			DEFARIE	CERTIF	ICATE OF DEATH	REG. N	10.		
DECEASED NAME	reder:		T •		enzie	20. DATE OF DEATH Ma	y 18	1985	26. HOUR 12:30a
SEX	4. R	RACE	350.30	S. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		Whit	е	Au	g. 13,1909	75	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE ISTATE OR F COUNTRY) Maryland		U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		Y OF DEATH	MD.
Frostburg		141	W. Main	St.	OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR
SUAL RESIDENCE (IF NURS to, STATE Maryland	13b COUNTY Alle		13. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO [131 STREET ADDRESS	ain	St., 2	1532
FATHER'S NAME Willia	m	DLE N	lc Kenzi	.e	Lawina	WE	M	achin IAS	•
WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WA		21 3-09-		Mabel V. M	c. Kenzie,		e as l	3e
Conditions, if any, gove rise to imm couse (a), statin underlying cause	nediate g the lost	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE PCAL	LE OF	Meletus				
PART 2. OTHER SIGN	M. I				NOT RELATED TO THE TERM	20a AUTOPSY? YES NOTE	20b. IF YE	S, WERE FINDIN	NGS USED
21a. ACCIDENT WAS UND OR CONTRIBUTING (IFEITHER NOTIFY MEDIC	AUSE OF DEATH		F INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18,	PART 1 OR PART 2)	4
21d INJURY OCCURE WHILE AT WORK AT WO		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
220.1 certify that (1) saw the decease above, (1) (we) (c	ed alive on		19		nd that in (my) (our) apinion (, to death accurred on the d			that (1) (we) lost couses stated
22b. SIGNATURE	Me	in	1		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE 5/20	SIGNED D/85
22d PHYSICIAN'S NA	AME (TYPE OR PRI	INT)			22e. ADDRESS				

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please BP.

> DHMH-16 30M 2/80 (VRA 15, 4)

shauld be detached for use as with the State Dept. of Health IMPORTANT: If Hem 21 is

ne prior to burial, crematian, or

injury, ar oth

18 show and Mental Hygier

> Curtiss H. Merrick, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

Hosp. Med. Bldg,, Cumberland, Md Mem.

23c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery | Ge

734 LOCATION
CITYORTOWN

Garrett County, Md.
EC'D. BY REGISTRAR 735, REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Durst Funeral Home, Frostburg, Md.

20185

Baindson-Rondoll

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FICHORN FUNERAL HOME FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MAIN STREET - STATE CERTIFICATE OF DEATH REGISTRALONACONING, MD 21539 REG. NO DECEASED NAME LAST 2ª DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) JOSEPH 1985 MMI 4 RACE 3 SEX 5. DATE OF BIRTH June 26 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED MEVER MARRIED ALLEGANY COUNTY WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY TIRE CO. OWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOSPITAL ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13c CITY OR TOW 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Allegman Midland 4 FATHER'S NAME MIDDLE STellA UNKNOWN Joseph IN U.S. ARMED FORCES 219038701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: one IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost O. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO IT NOX Hyg 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 710. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 The PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET NOI WHILE AL WORK HPri 22a.1 certify that (hithis bospital) attended the deceased from_ new the decreased alive on MA-y and that in (my) (our) opinion death accurred on the date and hour and from the causes stated (f) (we) (did) (did not) yew the body after death 776 NIGNA DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN K DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be VENGOOD BMG 912 SETON DRIVE, CUMBERLAND, MD CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 25a, DATE REC'D. BY REGISTIARIES. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

STORES PLANE MENT AND THE THE TIPE HEART COSTAL TOTAL C. Services I - SACRED TEARY HISPITAL The state of the s 1900 - 19 THE LATE AND THE DESIGNATION OF THE SETTING OF THE SETTING OF THE SET AND ADDRESS OF THE SET ADDRESS OF T

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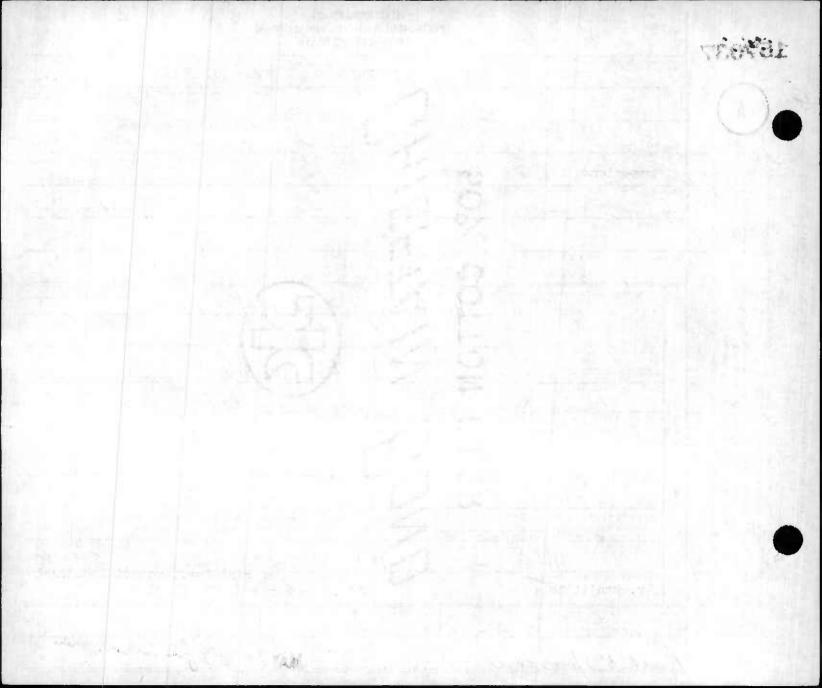
STATE OF MADVIAND

STATE OF MAKILAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR			44			REG. NO.		
	OR PRINT	FIRST	WIDDLE	LAST	100		TO DATE OF DEATH	DAY YEAR	2b HOUR
Tirre	OR PRINT!	JOHN	ARNOLD	MEYERS	5		May 20, 1985		10:44
1 SE			4 RACE	5. DATE OF BIRT			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
3	Male		White	MONTH 4-		920	65 YRS	MONTHS	HOURS MIN.
		E OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED X			BALTIMORE CITY OR COUNTY	OFDEATH	
	ryland		M USA	WIDOWED	DIVORCI		Allegany		MD.
	TY OR TOWN OF		11. NAME OF HOSPITAL, NURS		ER INSTITUTION	NC	120 USUAL OCCUPATION		F BUSINESS OR
65	Cumberla	and	(IF NOT IN SUCH FACILITY GIVE STREET MEMORIA	II			Machine Operator		z-Meter
USUA Um S	AL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFO		ISIDE CITY LIA		13e STREET ADDRESS / ZIP CODE	,	
100	vland	Garre					Rt. 1. Teets Rd.	23/536	£ 21531
-	THERENAME		MIDDLE LAST		OTHER'S MAIL			LAS	
Ren	iamin		alter Mever	Ms Ms	artha		Widdle	_	irer
like, V	VAS DECEASED E	E IN U.S. AR	MED FORCES? 166 SOCIAL SEC		FORMANT	- 10	ADDRESS Rt.	1 Teet	e Rd
	NO	(IF YES, GIV	175-14-1	1917 Ger	neviene	Mev		lle. MI	21531
	18 CAUSE OF D	EATH (Enter on	ly ane cause per line largas, (b), a		A. V. I. C. I. C.	0	T 0 1	APPROXI BETWEEN	MATE INTERVAL
6	PART I DEAT	TH WAS CAUSE	DBY. ACUT	le VIVO	cashe.	l	Interction.		
		MARCON	DUE TO, OR AS A CONSEO	JENICE OF	. //		1		
	Canditions, if	ony, which	(b)	odlen b	Me. I) sea	Se.		
9	gove rise to	immediate	DUE TO, OR AS A CONSEQU	JENCE OF CO	710		1116		
	underlying c		(6)	1);	rbetes	/	Ullity		
	PART 2 OTHER	SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOTA	ELATED TO T	E TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART 1	a
CERTIFICATION	(Chine	Alrah fait	In flu	ed 4441	vad	. CHF.		
CAT	14a DATE OF OP	ERATION	196 CONDITION FOR WHIC	H OPERATION WAS	PERFORMED			S, WERE FINDIN	
TIFE				1			YES NO YE		NO 🗆
	210. ACCIDENT WA	- Lon			HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)	
MEDICAL	OR CONTRIBUTING	MEDICAL EXAMINER	ATTN	19					
(CD)	HE INJURY OC		21e PLACE OF INJURY		OCATION STREET		CITY OR TOWN	COUNTY	STATE
8	AT WORK D	of week	(A) MONE STREET VACIONE OFFICE	, , , , , , , , , , , , , , , , , , , ,					
13	220.1 certify the	at (1) (this hospi	tal) ottended the deceased from		, 19				that (I) (we) last
1	obove, (1) (v	ceased alive on we) (did) (did no	t Vview the body after death.	, and that	in (my) (our)	apinion d	eath occurred on the date and hou	and Irom the	causes stated
	215. SIGNATURE	(N	111	DEGRE				IN. DATE	SIGNED /
		M	y/hr	M-D	PHYSI	CIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	3	121/80
	THE PHYSICIAN		fami				morial Ave., Mer	moriar 4	medicar
	Dr. Kai	njithan		Blo	dg., Cu	ımber	land, MD 21502		
33a. i	BURIAL CREMATI	ON REMOVAL	23b DATE 23c	NAME OF CEMETE	RY OR CREM	ATORY	23d LOCATION	COUNTY	STATE
del	NXKRADE	xxxem	% 5-23-1985 We	ebb Chape	Cemet	erv	Friendsville.	Garret	t. MD
24.5	MEDAL DIRECTO	OR .		155 Main	St.	25a. DATE	REC'D. BY REGISTRAR 755, REGIST		
1	with K	Yeu		ville. MD	21536	MYA	EC THE GOVE		

TO FUNERAL DIRECTOR, should be detriched for see with the State Dept. of Hea

DHMH - 16 60M 7/84 (VRA 15, 4)



1	48	301	17
(3 F)	9
1	h. Page 4	al director, p 2 haurs after	5
	urs after deat	by the funer filed within 7	e nowlied of
	within 24 ho	oletely filled in ad 2 should be	amine must b
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 stained by the haspital ar attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.	MPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumotic event, the medical examiner must be notified along.
	oth certificate	ending physic e carbanpape in, or remaval	motic event, t
	es that the de	please removerial, crematical	, ar other trau
	ne low require	hos been sign permit. Then one prior to bu	sws any injury
	HYSICIAN: TI	his certificate burial-transit	or Item 18 sh
	O HOSPITAL OR ATTENDING PHYSICIAN: The li-	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carban papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.	21 is marked
	SPITAL OR A	be detoched Stote Dept.	ANT. If hem
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FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

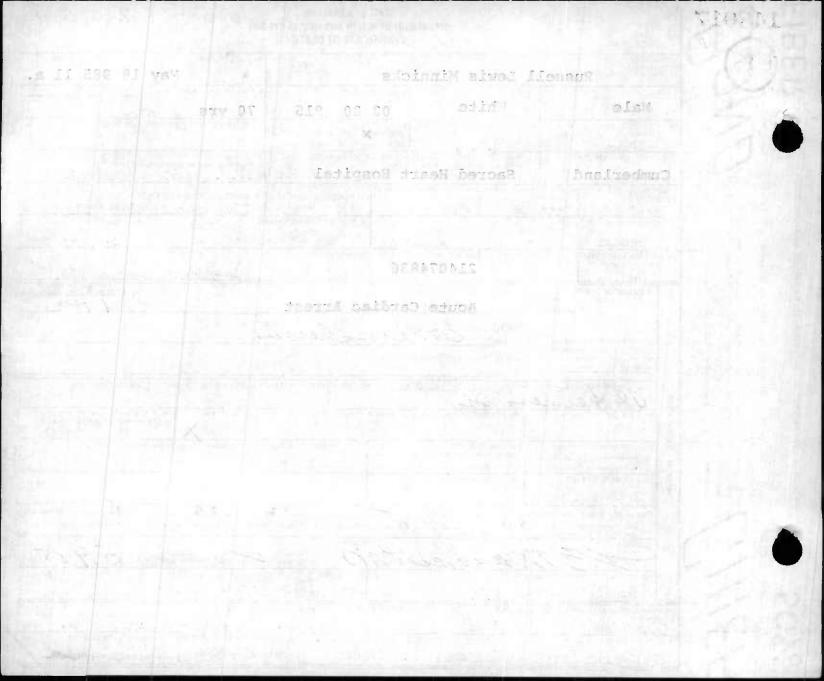
~	P.	Cine	9

REG. NO.

	EASED NAME	FIRST	-	AIDDLE	Į.	ASI		20. DATE OF DEATH	MONIH	DAY	YEAR	26 HO	JR
(TYPE	OR PRINT)	ıssell	Lewi	s Minn	icks				May	18	985	11	a em
3. SE X	(4.5	RACE		S. DATE C			AGE IN YEARS LAST BE	RTHDAY}	IF UND	ER I YEAR	IF UNDE	R 24 HRS
	Male		Whi	te	02	20 1915	EAR	70 vrs	YRS		DATS	HOURS	MIN.
	RTHPLACE STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY	(2 8	NEVER MARRI		9 BALTIMORE CITY			EATH		
	anuland	97	11	SA	WIDOWE			Allegany	,				MD.
	TY OR TOWN OF DEA	TH 11.	NAME OF	OSPITAL, NURS	ING HOME C	R OTHER INSTITUTI	ON	120 USUAL OCCUPAT	ION	12b	KIND O	BUSIN	ESSOR
	umberland		Sacı	red Hea	rt Ho	spital	5.8	P.P.G. & C	ity (C C	umber	lan	d
	L RESIDENCE IF NURS	ING HOME OF OTH	ER INSTITUTION,	13c. CITY OR TO		13d. INSIDE CITY LIA	MITS?	13e.STREET ADDRESS	/ 7IP CO	DF			
	urul and		anu	Cumber		YES X NO		704 Gepha			12	1502	,
	THER'S NAME	Malakal	larig	Ciamoreza	-11.77.	15 MOTHER'S MAIL	DEN NAM		V			1001	
	Cooks	MIDI	DLE	LAST	inhe	FIRST	0	MIDDLE			1AST		
14 14	George VAS DECEASED EVER	INTINE ABOVE	D CORCECO	Minn 166, SOCIAL SEC		Mabel 17 INFORMANT	(ADDR	ESS		Summa	rs	
	ES, NO OR UNKNOWN)	I IF YES, GIVE W.		214074		III INFORMANT							
	No			2140/4	020	Galdie S	Min	nicks-Addr	ess 1	same.	as t	13.	
	18 CAUSE OF DEAT	H (Enter only o	ne couse per	line for (a), (b), d	and (c).)	NO. OF THE OWNER, THE PARTY OF					BETWEEN	NATE INTE	PVAL
	PART I. DEATH W	AS CAUSED B		Acute	Cardi	ac Arres	st				1 +	42	
		MAMILDIATE				100000000000000000000000000000000000000							100
	Conditions, if ony,	bink 6	DUE TO, O	R AS A CONSEQ	1 enter	seler	1924	,					
	gove rise to imn	nediote	(b)		0-00						-		
	cause (o), stating the DUETO, OR AS A CONSEQUENCE OF underlying cause lost												
			(c)										
7	PART 2 OTHER SIGN	VIFICANT CON	VDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEASE OR COM	DITIONG	SIVEN IN	PART lie		
CERTIFICATION	agne	ume	20 6	245									
CA	ME DATE OF OFFICE	TION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?			CAUSES		
TIFI			100					YES NO		YES 🗌		NO [
E	210. ACCIDENT WAS UND	DERLYING	216. TIME O			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM I	B PART I O	R PART 2)		
	OR CONTRIBUTING		HOUR A.		DAY YEAR								
MEDICAL	116 EITHER NOTIFY MEDI 216 INJURY OCCUR		P. 21e PLACE		19	711. LOCATION							
ME	WHILE NOT WH			REET, FACTORY, OFFICE	E, FARM, ETC }	STREET		CITY OR TO	NWC	C	OUNTY		STATE
	AI WORK AI WO	RK						18		-			
	22a.1 certify that (1)				8 /			_, to		. 19_0			(we) lost
	sow the decease above, (I) (we) (ed olive on did) (did not) v	iew the body	ofter death.	<u>#3</u> , or	nd that in (my) (our)	opinion di	eath accurred on the c	lote and h	our ond	from the	ouses s	oted
	226 SIGNATURE	1				DEGREE				2	2c. DATE	SIGNED	
F 1	1	7/11	The.	21200	wVI	ATTEN PHYS		MEDICAL STA		K	5-19	1	5
	22d. PHYSICIAN'S N	AME (TYPE OF PE	IINT)	7000		22e. ADDRESS							
	History	liannoss	a 64 1	1		912 Set	an Dr	ive - Cumb	onla	nd.	Maru	land	
22 - 5	Victor		23b. DATE		NAME OF C	EMETERY OR CREM		234 LOCATION	00000				-
(BURIAL, CREMATION,	KEMOVAL						CITY OR TOWN	A 0 0	COU	NTY		STATE
C	remation		5/21/			wn Meml.G			- All			Md.	
24 FL	JNERAL DIRECTOR G	eorge-l	ipchwr	en tuner	Lace Hom	E, F.A.	MAY	REC'D. BY REGISTRAI	1		***		
2	02 Greene	Street	-Cumbe	rland, N	1d. 21	502	14114	2 4 1985	would	Dourds	on-Ma	nde	-

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



1360	17	FOR STATE REGISTRA DECEASED NA (TYPE OR PRINT)
director.	2 onte.	fema. 70 BIRTHPLACE COUNTRY) PA
ours after death. by the funeral filed within 72	56 gartied	10 CITY OR TOW Cu

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

R		CERTIFICATE OF DEATH	REG. NO.		
ME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR	26 HOUR 10:50
BESS	SIE	MONTELEONE	May 8, 1985	OF DEATH ON 126 KIND O	P. M
	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER YEAR	IF UNDER 24 HRS
le	white	06-28-1909	75 YRS	DNIHS DAYS	HOURS MIN.
(STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY O		MD.
mberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Memorial Ho	G HOME OR OTHER INSTITUTION ADDRESS) DSPItal	174 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE		F BUSINESS OR home
CE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	La CIDEET ADDRESS / ZIO CODE		

13e	MD .	Alleg	any	Cumberland	YES X	NO [TREET ADDRE		code eet/215	02	
14. F	James	Mastria	nni	LAST	IS MOTH	FIRST		LiCast	ro		LAST	
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED (IF YES, GIVE WAR		219-46-2042	Mr. V		F. N		one,	Cumber		
	PART I. DEATH W	H (Enter only one AS CAUSED BY: IMMEDIATE CA		Mysea she	1	late	ne.			BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
NO	Conditions, if ony, gove rise to imm couse 101, statin underlying couse	which nediote g the lost	(b) DUE TO, O	R AS A CONSEQUENCE OF	NOT RELA	TED TO THE TE	ERMINAL [DISEASE OR C	ONDITIO	N GIVEN IN PA	RT Iro	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	OITION FOR WHICH OPERATION WAS PERFORMED				AUTOPSY?	IN	IF YES, WERE F CERTIFYING CA YES	USES OF D	
OR CONTRIBUTING TO CAUSE OF DEATH HOUR A			M. MONTH DAY YEAR	ONTH DAY YEAR			ENTER NATURE OF	INJURY IN 17	EM 18 PART I OR PA	RT 2)		
OR CONTRIBUTION COSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WOR		21f LOC	ATION PREET		CITY	R TOWN	COUN	iTY	STATE			
	AT WORK											

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL DIRECTOR PHYSICIAN

22c DATE SIGNED Memorial Hospital Medical Building

Dr. H. C. Merrick

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

Cumberland, MD 21502 23d LOCATION

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

276 SIGNATURE

05-13-1985 St. Mary's Cemetery

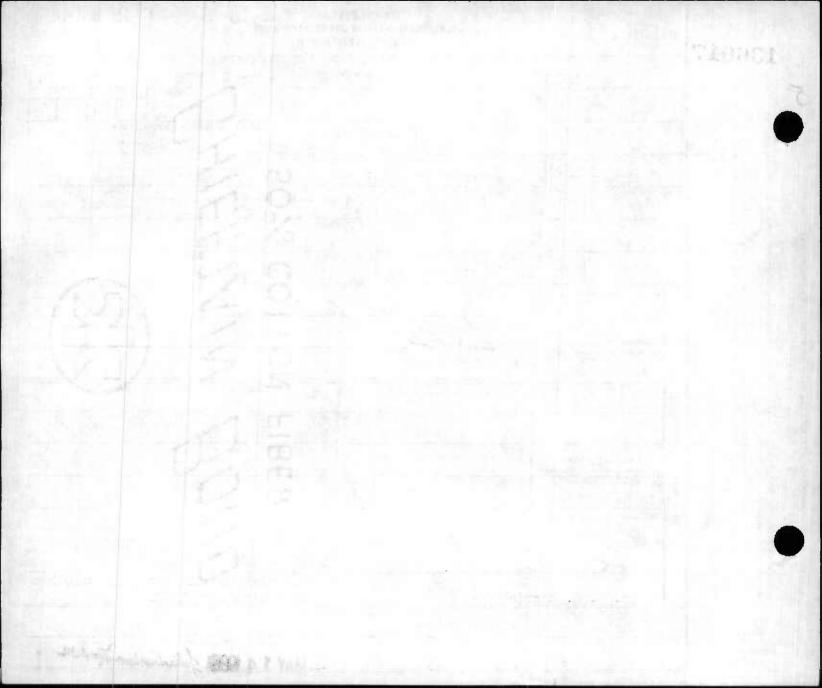
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/B4 (VRA 15, 4)

the burial-transit permit. Then and Mental Hygiene priar table marked ar Item 18 shaws any

should be detached for use as the with the State Dept of Health and IMPORTANT: If them 21 is marked of FUNERAL DIRECTOR.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERT

TIFICALE OF DEATH	REG. NO.		
LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
E	May 24, 198	35	12:18 a
TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
ONTH DAY YEAR	70	MONTHS DAYS	HOURS MIN

TYPE OR PRINTS				
CHEST	TER CAROL M	OORE	May 24, 1985	5 12:18 a
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE .	WHITE	MAY 28 1906	78 YRS	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
W.VA.	USA	WIDOWED DIVORCED	Allegany	M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS1	120 USUAL OCCUPATION (TYPE OF WORK OF WORLD)	126. KIND OF BUSINESS OF INDUSTRY
Cumberland	Memorial Hospit	al & Medical Cente	FRETTRE	LOYEE
USUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTIONS GIVE HELDS INCE BEFORE	N 134. INSIDE CITY LIMITS	213 MARVI AND AS	A
FLOYD OS	SCAR MOORE	IS MOTHER'S MAIDEN NA	ME motest	TMPCON
THE RESERVE OF THE PROPERTY OF	RMED FORCES? 146 SOCIAL SECU	Add Abid M. A.	213 MD. AVE CLIMBER	21502_
PART I DEATH WAS CAUSE	ely one coule perfine for lar. It and ED BY TE CAUSE (a)	pul a	nd?	RETWEEN OWNER AND DEATH
Conditions if any, which gave rise to immediate course to stating the underlying course last.	DUE TO OR AS A CONSEQUE	o my hos	i	nens

Conditions, if any, which	(10) Commercial	1 house	yen	1
gave rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF		0	
DADT 2 OTHER SIGNIES AND C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OF CONDI	TION CIVEN IN PART 1	_

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY ON TOPINS COUNT STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) STREET NOT WHILE

220 I certify that (I) (this happital) attended sow the deceased alive on above (I) we) (did) (fid not) view the body after de 226 SIGNATURE

23b. DATE

26 1985

DEGREE ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN

ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED 85)
Memorial Hospital Medic Cumberland, MD 21502	cal Building	

Dr. Guy Fiscus 230 BURIAL, CREMATION, REMOVAL

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

24 FUNERAL DIRECTOR

BURIAL

CERTIFICATION

MEDICAL

FOR

REGISTRAR DECEASED NAME

- STATE

ADDRESS SILCOX-MERRITT FUNERAL HOME CUMBERIANT CIMBERT AND ALLECANY
D. BY REGISTRA SIGN.

DHMH - 16 60M 7/84 (VRA 15, 4)

and Mental Hygrene

should be detached for use os with the State Dept. af Health

morked or them 18

MPORTANT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

BOAL FUNERAL HOME

REGISTRAR

135528

(VRA 15, 4)

FOWESTERNPORT, MD 24539

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death

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the haspital or attending physician

158091 FOR STATE REGISTRAR

STATE OF MARYLAND

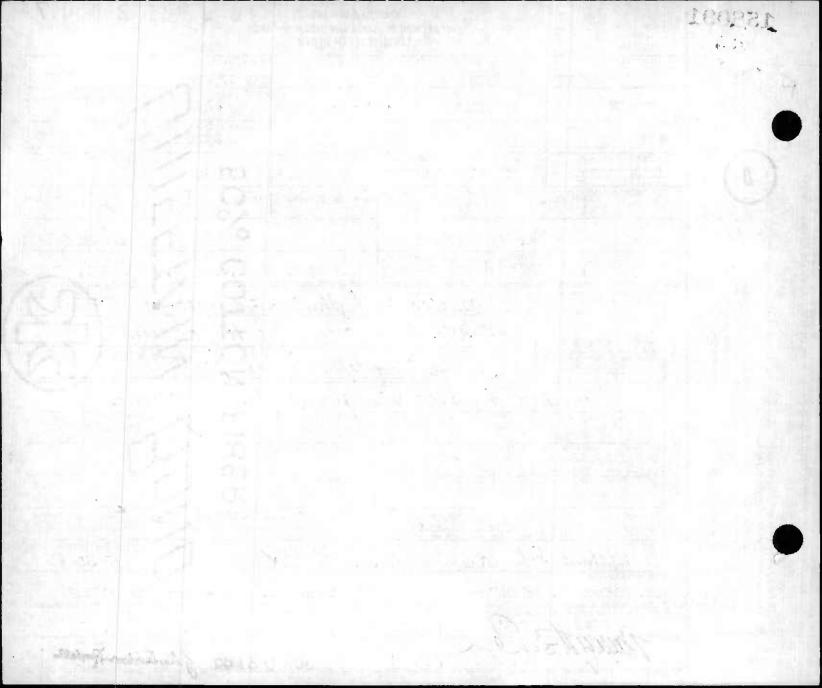
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RE	G.	NO	

		CEASED NAME	FIRST	A	AIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	AMIE	RII	TH	MYEI	25	MAY 27, 1985		9:20
	3 SE)			4. RACE	III	5 DATE C	10	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	-	FEMALE		CAUCA	SIAN		/02/93 YEAR	91 YRS	MONTHS DATS	HOURS MIN.
5		RTHPLACE (STATE OR PA	FOREIGN	USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COUN ALLEGANY	ITY OF DEATH	MD
0	10. C1	CUMBERLAN			HOSPITAL, NURSIN RIAL HOSI		R OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF HOME MAKER	126 KIND C INDUSTRY	OF BUSINESS OR
6	USU / 13e S	AL RESIDENCE (IF NUR!	13b COLIN		ELLERSL		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	P O BOX 54/ 21	DE 29	
)	14 FA	LEWIS	A	K.	LÖWERY		IS MOTHER'S MAIDEN NAME EMMA	MIDDLE	LOWER	RY (SAME
		VAS DECEASED EVER YES NO PRUNKNOWN) NO		MED FORCES?	214-74-		HERBERT F. I	MYERS, BOX 54, E	ELLERSLIE	E, MD
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter onl /AS CAUSEI IMMEDIAT	BY-	Cardia	e ar	rhythmia.	+ failure : re	BETWEEN C	IMATE INTERVAL ONSET AND DEATH
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)	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDING TIFYING CAUSES	
1	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING THE STHER NOTIFY MED 210. INJURY OCCUR	CAUSE OF DEA	P./ 21e PLACE 0	M. MONTH DA M.	19	211. LOCATION STREET	RED {ENTER NATURE OF INJURY IN ITEM I	8 PART LOR PART 2)	STATE
ì		22a. I certify that (I) sow the decease above, (I) (we) ((this hospit	5-2	7- 10 8	5- , on	, 172	to 5-27-		that I) (we) lost couses stated
_				Schine	dly	M.		MEDICAL STAFF DIRECTOR PHYSICIAN	37- 3	30-85
		Dr. Richa			er		69 Greene St	t., Cumberland,	MD 2150	02
		BURIAL, CREMATION,		5/31	FTV and		EMETERY OR CREMATORY N MEM. GARDEN			VID STATE
	24. FL	HARVEY	ZER.	LMR, HY	NDMAN . P	4 155		E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. JAPORTANT: If Irem 21 is marked or Hem T8 shows any injury, ar other traumatic event, the medi



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	(2)	1 DE	REGISTRAR CUM	BERLA	ND, MD	21502		ICATE OF DEATH	REG. NO	O. MONTH DAY	Y YEAR 2	b HOUR A
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poge r deot		3. SE	DOROT	П	4 RACE	SUSAN	5. DATE C	OONAN!	6. AGE (IN YEARS LAST BIR	THOAY) IF	UNDER I YEAR	10:10M
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	8	5	W. Va.	. 7	USA		WIDOWE	D NEVER MARRIED DIVORCED	ALLECA	VY COUN	ITV	ME
with the bear	-	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b. KIND OF	
by the	52	Cu	mberland			RED HEART		ITAL	Laundry W		INDUSTRY	27.7
be be	30		AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		шампо	<u> </u>
filled	5		ryland		egany	Cumberl		YES X NO	182 N. C		St. 2	1502
2 sh		14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
and and a	H_{\parallel}		James		S.	Kitzmil	ler	Mary	MIDDLE		Simmo	ns
Poges 1			VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Cumberlan	ď. Md.	. 2150	2
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ispital or attending physician. CIOR After this certificate has been signe for use as the buriol-transit permit. Then po of Health and Memia Physician prior to bur 21 is morked or item 18 shows any injury.	99		gave rise to im couse in, stati underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d IN JURY OCCUR WHILE NOTIFY MED 220-1 certify that (I's saw the decease above, (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (II) (we) (III) (we) (III) (we) (III) (we) (III) (we) (IIII) (we)	MIFICANT (ATION ADERLYING CAUSE OF DE- DICAL EXAMINES (Ithis haspi	DUE TO, C (c) 19b COND 19b COND 21b, TIME C HOUR A P 21e PLACE (AT HOME SI	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA OF INJURY IREET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 ARM ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 10 that in (my) (our) opinion	206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b IF YES, VINCERTIFYIII YES IN CERTIFYIII YES IN TEM 18 PARTI	N IN PART TO WERE FINDING NG CAUSES O TOR PART 7) COUNTY	STATE
e hospitol or ottending physician. JRECTOR. After this certificate hos been signeded for use as the burnoi-tronain permit. Then pept of Health and Mental Hygiene prior to burner 11 is morked or item 18 shows only injury, item 21 is morked or item.	99		gave rise to imcouse ion, statis underlying couse ion, statis underlying couse 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF ETHER NOTHY MED 21a. IN JURY OCCUR WHILE ALWORK ALWORK SOW the decease obove, (I) (we) 22b. SIGNATURE	MIFICANT (ATION ATION ADERLYING CAUSE OF DEVICAL EXAMINER CRED THILE DORK (this hospi	DUE TO, C (c) 196 COND 196 COND 198 COND 198 COND 198 COND 198 COND 198 COND 198 COND 198 COND 198 COND 198 COND 198 COND 110 View the body	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA OF INJURY IREET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 ARM ETC.)	21c. HOW INJURY OCCUR 211. LOCATION STREET , 19 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, VIN CERTIFYIII YES RY IN ITEM 18 PART	N IN PART TO WERE FINDING NG CAUSES O TOR PART 7) COUNTY	STATE
hospitol or ottending physician. RECTOR. After this certificate has been signe and for use as the burolstransis permit. Then part of Health and Aremal Hygiene pror raburiem 21 is marked or tem 18 shows any injury,	99		gave rise to im couse in, stati underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d IN JURY OCCUR WHILE NOTIFY MED 220-1 certify that (I's saw the decease above, (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (I) (we) (II) (we) (III) (we) (III) (we) (III) (we) (III) (we) (IIII) (we)	MIFICANT (ATION ATION ATION ADERLYING CAUSE OF DEVICAL EXAMINES RED THILE SHE CAUSE OF DEVICAL EXAMINES OR COLOR OF DE	DUE TO, C (c) CONDITIONS C 198 CONE 198	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA OF INJURY IREET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 ARM ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TO death occurred on the de	20b IF YES, VIN CERTIFYII YES IN CERTIFYII YES IN TEM 18 PARTI	N IN PART TO WERE FINDING NG CAUSES O TOR PART 7) COUNTY	STATE

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14 FATHER'S NAME FIRST

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After this certificate has been

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TO FUNERAL DIRECTOR: A should be detoched for use with the State Dept of Heol

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IMPORTANT.

STATE OF MARYLAND FOR 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE OF DEATH	1	REG. N	10.				
1 DECEASED NAME	FIRST	MIDDLE	LAS1		20 DATE OF DEATH	HINOM	DAY	YEAR	26. HO	UR .
(TYPE OR PRINT)	Grace	MAUDE	Oglebay			05	02	85	7:	00 ;
3. SEX		4. RACE	5 DATE OF BIRTH		6. AGE (IN YEARS LAST B	RIHDAY)		DER I YEAR	IF UNDE	
FEMA	LE	WHITE	JÜLY 25° 1895	AR	89	YRS	MONTH	DAYS	HOURS	MIN.
	TE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	ъ П	9 BALTIMORE CITY	OR COUN	TY OF D	EATH		
W. VA		U.S.A.	MARRIED NEVER MARRIE WIDOWED DIVORCE		Allega	ny				MI
10 CITY OR TOWN O	FDEATH	11. NAME OF HOSPITAL, NURSIN		N	120 USUAL OCCUPAT			KIND C	F BUSIN	ESS OF
CUMB	ERLAND	LIONS MANOR NUR	SING HOME		HOUSE WI		(TIPE) IN	DUSTRY	-6-	
USUAL RESIDENCE IN 130. STATE MD.	1136. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13(. CITY OR TOW COMBERLA)	N 13d. INSIDE CITY LIM	IITS?	13. STREET ADDRESS 415 HENDER	ZIP CO	AVE.	21	150	22

15. MOTHER'S MAIDEN NAME

	HIMALARI	- K			_				
6a	WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT			ADDRESS	5	
	(AEZ' NO OB MPRUOMUI	(IF YES, GIVE WAR OR DATES)	212-18-1375	CHARLES	OGLEBAY	604	HILL	ST.CUMBERLANI	
-	LIL CAUCE OF DEAT	u c	the forces the and to		/	Λ		APPROXIMATE	

INTERVAL AND DEATH PART I. DE ATH WAS CAUSED BY audio respirator IMMEDIATE CAUSE IO OR AS A CONSEQUENCE OF Dreas ancinoma Conditions, if ony, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 110 FICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

		THE COLUMN TWO IS NOT THE OWNER.		IN CERTIFYING CAUSES	OF DEATH
		YES 🗌	NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2}	
21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OF TOY	wn COUNTY	51.

AT WORK 22a L certify that (1) (this hospital) attended the deceased from sow the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

obove, (i) (we) (did) (did not) view the body offer deoth.		
b. SIGNATURE	DEGREE	22c. DATE SIGNED
V. A. Rangithan	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5-3-81
L PHYSICIAN'S NAME (APPE OR PRINT)	22e ADDRESS	

M.N.H. Seton Dr. Cumberland, MD 21502

v. n. Kanjaci	idilig ile De	Zittititi batan batan batan ji	
22- BURNAL CREMATION REMOVAL	TARL DATE	23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
38. BURIAL, CREMATION, REMOVAL	230. DATE	230. TO TOWN	

BURIAL MAY5.1985 CUMBERLAND ALLEGANY MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

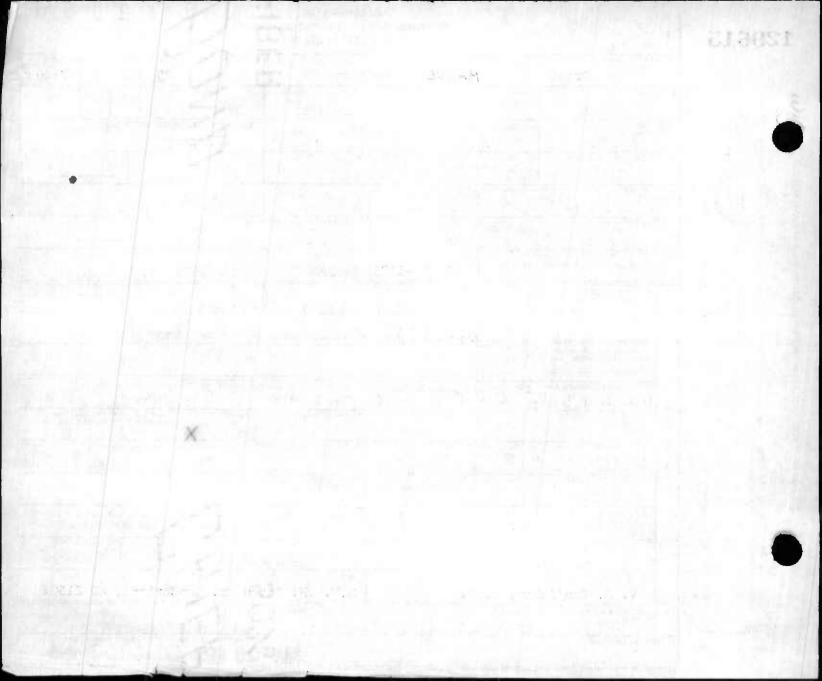
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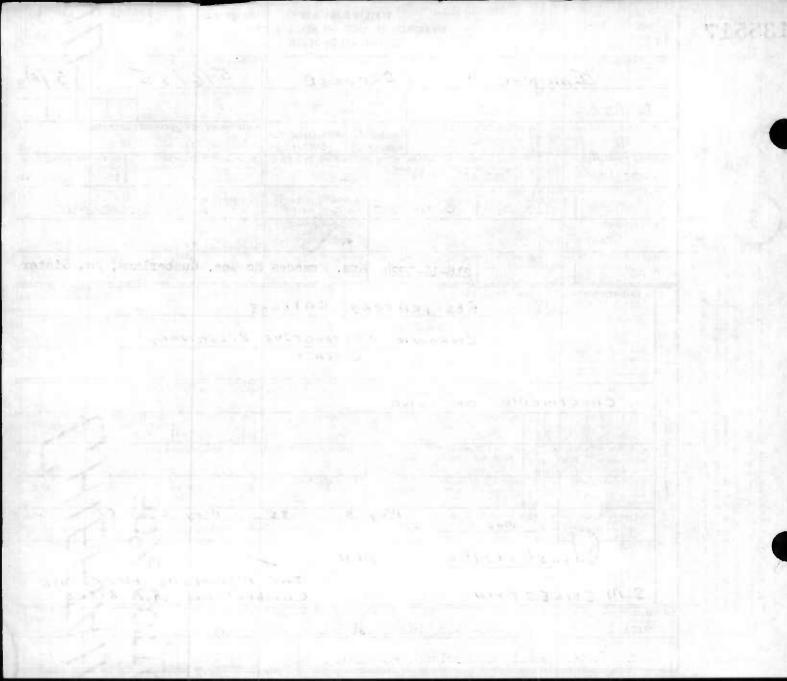
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	quires that the death certificate be execute
DIVISION OF VITAL RECOR	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executing retained by the hospital or attending physician.

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC IFICATE OF DEATH	GIENE REG. N	0.		< 13.
1. DE	CEASED NAME FIRST INO S		I. OS	BOURNE	20. DATE OF DEATH	MONTH DA	AY YEAR	5 PM
3. SE	remale	4. RACE White		OF BIRTH 11-14-1905 YEAR	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 MRS HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	WIDON		Allegany	R COUNTY C	OF DEATH	м
C	umberland	Cumbe	OSPITAL, NURSING HOME HEACHTY, GIVE STREET ADDRESS) ETTAND NUTSIN	ng Center	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE		126. KIND C INDUSTRY BO OT	Education
13e. S			GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Cumberland	YES NO	130. STREET ADDRESS 112 FOUT	th Str	reet/21	1502
	THER'S NAME FIRSTON F. Wh		LAST		oebe Ellen	Jamiso	n LAS)T
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GO	MED FORCES? VE WAR OR DATES)	218-16-3924	Mrs. Frances	Mc Gee, Cun	nberlar	nd, Md.	Sister
NOI	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUENCE OF CHRONIC	ORY FAILU. OBSTRUCTIVE OISEASE UT NOT RELATED TO THE TERM	PULMON		N IN PART 10	o
CERTIFICATION	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN	
MEDICAL CER	218. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.A	A. MONTH DAY YEA A. 19		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (this hosp saw the decented alive an above, (1) (see (44) (did no 22b. SIGNATURE		5 pfter death.	ond that in (my) (our) opinion DEGREE M. O ATTENDING		FF	ond from the	
	22d. PHYSICIAN'S NAME (TYPE OF S.M. SHIRE				MEMORT Lerland		2150	
(Burial, cremation, removal Burial	236. DATE 05-08		cemetery or crematory cest Burial Pai			county Llegany	
24 FL	James F. Scarpe	elli, Cur	mberland, MD		O 1985	256. REGISTR	AR'S SIGNAT	URE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion is should be detached for use as the buriol-transit permit. Then please remove corbon papers. Powith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the m



BIRTHPLACE (STATE OR

10 CITY OR TOWN OF DEATH

OREIGN COUNTRY) Maryland

4. RACE

White

STATE OF MARYLAND

REG. NO 20. DATE KNOWN **JERRY** GEORGE PARKER DEATH MATED DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2¢ HOUR DATE LAST BIRTHDAY) RONOUNCED 5-25-85 DEAD 5/13/1941 12:12 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA DIVORCED X WIDOWED [Allegany County 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY Water Commissioner Utility The Memorial Hospital 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? NO | Winchester Street

15. MOTHER'S MAIDEN NAME

FIRST

Pearl

7. INFORMANT

Cumber land Paw Paw Morgan 14. FATHER'S NAME MIDDLE Delton Parker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes no or unknown) 213-40-3734 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).

Cheryl Ann Kidwell, POBox 435, Paw Paw, WV

IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

190 DATE OF OPERATION

Conditions, if ony, which gove rise to immediate cause (a) stating the under-

216. TIME OF INJURY

21e PLACE OF INJURY ngwy .

196 CONDITION FOR WHICH OPERATION WAS PERFORMED?

Inspection

West bd. lane Rt.

Homicide

Assistant MEDICAL EXAMINER

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

driver of motorcycle/pick-up truck impact

CITY OR TOWN

EXAMINER'S NAME (TYPE OR PRINT)

death resulted from:

220 I certify that I took charge of the remains described above, held on

23¢ NAME OF CEMETERY OR CREMATORY Camp Hill Cemetery

23d LOCATION

Allegany Co. Maryland

Phillips

BETWEEN ONSET AND DEATH

20 AUTOPSY? YES X

NO [

ADDRESS

Paw Paw 306 Union St. Berkeley Springs, WV Helsley-Johnson FH.

(VR A15 ME (5))

Burial

BURIAL AND ME

E 3 SHOULD BE USED.
DEPARTMENT OF HE

2

CERTIFICATION 210 EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

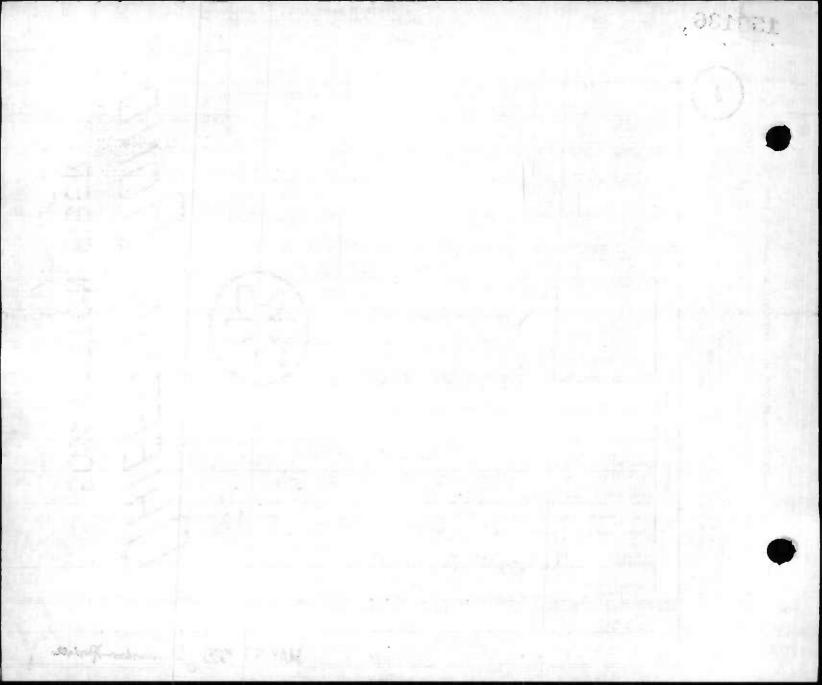
WHILE AT WORK AT WORK

FUNERAL DIRECTOR: PAGE
TER DEATH WITH THE STATE I ACTUAL SIGNATURE

0

23a BURIAL, CREMATION, REMOVAL 23b. DATE

5/30/85



1 - STATE DECEASED NAME

male

To BIRTHPLACE (S'ATE OR FOREIGN

3 SEX

STATE OF MARYLAND

02-01-1929

5. DATE OF BIRTH

MONTH

DEPART	CERTIFICATE OF DEATH	HYGIENE REG. NO.						
MIDDLE	LAST	20 DATE OF DEATH						
John E. Paupe			05-2	6-19	85	1:30		

6 AGE (IN YEARS LAST BIRTHDAY)

56

9 BALTIMORE CITY OR COUNTY OF DEATH

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(0.00	4)	
1	V	ā		/	
	- 1	-	-		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

8		MD	OREIGN /B.	USA	A COOMING	MARRIE	D NEVER MARRIED DIVORCED	Alleg	7	DEATH
		TY OR TOWN OF DEA Cumberland	TH 11.		HOSPITAL, NURSIN H FACILITY, GIVE STREET HOLLAND		DR OTHER INSTITUTION	TYPE OF WORK FOR MOST	10N 1	NOUSTRY INANCE CO
25	USU/ 13a S	AL RESIDENCE (IF NURSI TATE MD	13b COUNTY Alle		136. CITY OR TOVE CUMBER.		13d INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS. 700 HO	lland St	reet/21502
exorigue	14 FA	THER'S NAME FIRST Albe	ert Pai	upe -	LAST		15 MOTHER'S MAIDEN NAM	etta Neff		LAST
medical		VAS DECEASED EVER I	U.S. ARME (IF YES, GIVE W KOTE	AR OR DATES)	220-28-9		Mrs. Mona Pa	upe, Cumbei		D - wife
event, the		18 CAUSE OF DEATH PART I DEATH W		Υ.	tine for (a), (b), or	nd Icu	talic Con	cerioca		APPROXIMATE INTERV BETWEEN ONSET AND D
ather troumotic		Conditions, if any, gave rise to imm cause to stating underlying couse	rediate g the	(b)	R AS A CONSEOU	THOS	na achou	ed Slave	2	6 kg
nlury, or	NO	PART 2 OTHER SIGN	IFICANT COM	NDITIONS CO	ontributing to	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	idition given in	N PART 110
Jows ony	CERTIFICATION	190 DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATI
kem 18 st		210 ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	216. TIME O HOUR A. P.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART (OR PART ?)
rkedar	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE 🗍	21e PLACE	OF INJURY REET FACTORY OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN (COUNTY \$1.
21 із то		220.1 certify that (1) (saw the decease above, (1) (we) (di	d alive on	5/2	(o 19	310	May 19.57 and that in (my) (our) opinion of	to	ote and hour and	that (I) (w
NT: F Rea		22b. SIGNATURE	lu o	J	eun	ı		MEDICAL STA	FF	22c. DATE SIGNED
APORTA		27d PHYSICIAN'S NA Willia			s, M.D.		27e ADDRESS 441 N. (Centre St	., Cumb	., IId. 2
4	23a B	urial, cremation, r Burial		35 DATE 05-28-			EMETERY OR CREMATORY Memorial Park	234 LOCATION CITY OF TOWN CUMber]		legany M

white

7b. CITIZEN OF WHAT COUNTRY?

that (I) (we) last

re St., Cumb., Md.

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

Finance Co.

Allegany

MD

DHMH - 16 50M 1/81 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

10. CITY OR TOWN OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	Car	0	~	

D.M

1985

i Nation	REGISTRAR		CERTIFICATE OF DEA	TH REG. NO.
-	1 DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MO
(23)		NIE LEE	PLATT	May 13,
(50	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO
	female	white	MONTH 05-11-19	31 54
50 100	To BIRTHPLACE (STATE OFF	OREIGN 76 CITIZEN OF WHAT	COUNTRY? 8	9 BALTIMORE CITY OR

COUNTY OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Allegany 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY own home

Memorial Hospital Cumberland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE

MD

Allegany

Climber and Allegany Cumberland

USA

15 MOTHER'S MAIDEN NAME

Maysell Dove

Route 4 - Mexico Farms/21502

14. FATHER'S NAME Lester Thompson

16h SOCIAL SECURITY NO

17. INFORMANT Mr. Richard K. Platt, Cumberland, MD - son

220-26-9716 18 CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.

He DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS PERFORMED		20s AUTOPSY7	29s. IF YES, WERE FINDS IN CERTIFYING CAUSES	OF DEATH?
			YES NO	YE5 []	NO []
214 ACCIDENT WAS INDENLYING CONTRIBUTION CON		21s. HOW INJURY OCCURRED	Contractor of some	TY PUTTERN THE PART I CHE PART 21	
THE INJURY OCCURRED	21# PLACE OF INJURY	211 LOCATION	city de to	wer COUNTY	30408

and that in (my) (our) opinion death occurred on the date and hour and from the course stated

ATTENDING MEDICAL STAFF
PHYSICIAN [STAFF PHYSICIAN [

Memorial Hospital Medical Bullding Cumberland, MD 21502

James Raver TREMATION, REMOVAL

Buria

23c NAME OF CEMETERY OR CREMATORY

Hillcrest Burial Park

23d LOCATION Cumberland

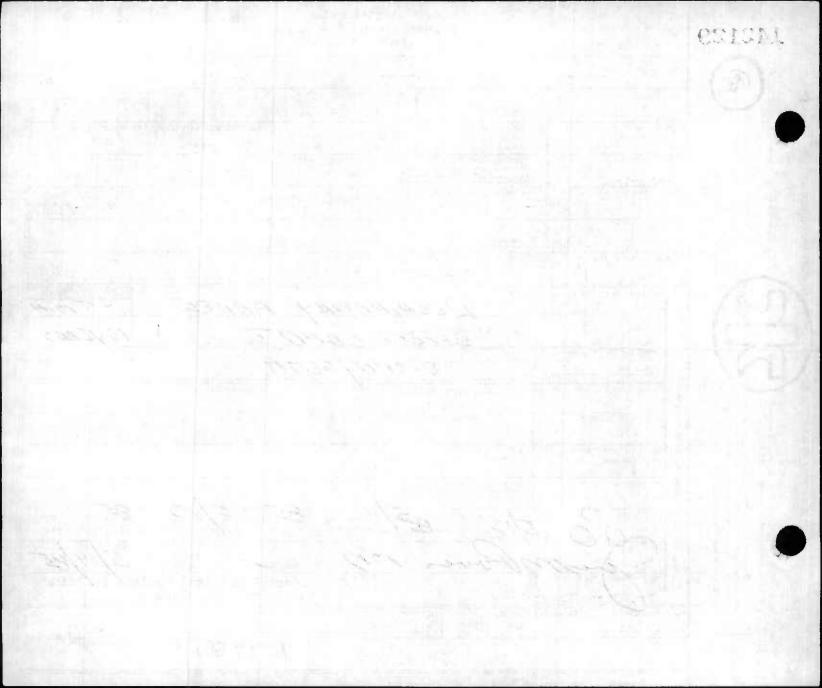
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

73h: DATE

05=17-1985

85 AR 258 REGISTAMENTA



offer	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter	
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SICI	ng b
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SZ	0
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ATTE	retained by the hospital or ottending physician.
OR	e h
IAL	y th
SPIT	P
OH.	oune
0	ret

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the build-transit permit. Then please remove carbon papers. Pages, I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

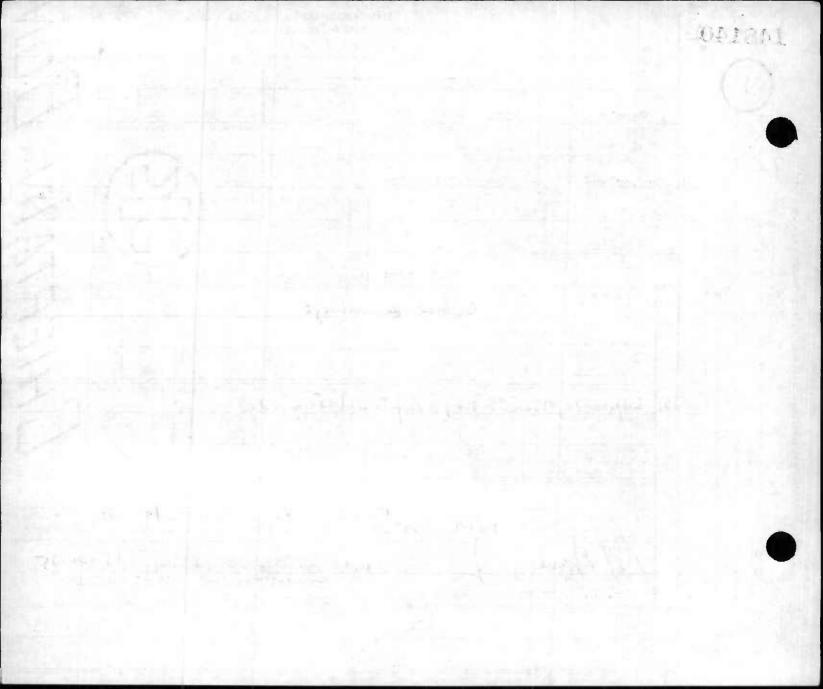
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR STATE REGISTRAR DEPAI

RTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTII	FICATI	OF	DEATH	

8

{TYPE	OR PRINT)											
	SHARON	M	ARIE	PR	YSOCK		May	19, 19	85		2:10	p
3. SEX	(4 RACE		5. DATE OF	F BIRTH OAY	6.	AGE (IN YEARS L	AST BIRTHOAY)	IF UNI	DER ! YEAR	IF UNDER	24 HR
,	Female /	White		July		TEAR	33	YF	25	DAIS	NOURS !	mis
7a BIR	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	0	XNEVER MAR	DIED D	BALTIMORE C	TY OR COU	NTY OF D	EATH		
	aryland	U.S.A.		WIDOWED	DIVOR	RCED []		egany				٨
	umberland	(SPITAL, NURSIN ACILITY, GIVE STREET 1a1 Host	ADDRESSI	r other institu	1	S USUAL OCCI	AOST OF WORKIN	NG LIFE) IN	DUSTRY.		ESS O
130. S	AL RESIDENCE (# NURSING HOME OR TATE 134 COUNT est Va. Mine	VTY 13	Ridaele	/N]	13d INSIDE CITY I		eSTREET ADDR		-	19	6753	7
JA FA	THER'S NAME				15 MOTHER'S MA							
	William	Lee	War	t.	HO	len	Mic	vie		Lea	40	
160 W	VAS DECEASED EVER IN U.S. AR		Sh SOCIAL SECL	JRITY NO.	17 INFORMANT	CERT		DDRESS		24 000	-	
(Y	NO (IF YES GIV	VE WAR OR DATES)	218-60-	1621	David Pri	ysock.	- Addre	s same	e as			
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	eubral	. 1	mhaze					APPROXI BETWEEN C	INSET AND	DEATH
	IMMEDIA	TE CAUSE (o)	con (v-	7000	11111						_	
					d							
		DUE TO, OR A	S A CONSEOU	ENCE OF	đ				W.			
	Conditions, if ony, which gove rise to immediate	DUE TO, OR A	AS A CONSEOU	ENCE OF	a							
	gove rise to immediate couse to, stating the	(b)	AS A CONSEOU		a							1
	gove rise to immediate couse tot, stating the underlying couse last	DUE TO, OR A	AS A CONSEOU	ENCE OF	đ							
Z	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR A	AS A CONSEOU	ENCE OF	NOT RELATED TO			CONDITION	GIVEN IN	IPART I C		
VTION	gove rise to immediate cause to stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF LANGE	DUE TO, OR A	ITRIBUTING TO	DEATH BUT N	ud In	men'd.						
FICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR A	ITRIBUTING TO	DEATH BUT N	1 0.	men'd.	70a AUTOPSY	20b IF	YES, WEI	RE FINDIN	GS USE	H?
RTIFICATION	gove rise to immediate couse to 1, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION	DUE TO, OR A CONDITIONS CON 196 CONDITION	ITRIBUTING TO	DEATH BUT N	ud Lig N WAS PERFORM	men'd	200 AUTOPSY	20b IF IN CE	YES, WEI	RE FINDIN CAUSES	IGS USE	H?
L CERTIFICATION	gove rise to immediate cause to install the underlying cause lost. PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR A CONDITIONS CON 196 CONDITION 216 TIME OF I	ITRIBUTING TO	DEATH BUT N	ud In	men'd	200 AUTOPSY	20b IF IN CE	YES, WEI	RE FINDIN CAUSES	GS USE	H?
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IIALTIMORE, MD. 2129

15M2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	 -

- 1		REGISTRAR		M	EDICAL	EXAMINE	K.2 CEKII	FICATE	OF DEA	TH	REG. NO.			
		CEASED NAME OR PRINT)	FIRST		MIDDLE	10.2	LAST			20. DATE KN		MONTH	DAY YEAR	2b. HOUR
				RTHA	LEC	- 14 2	PULL:	- 4 7		DEATH M	STI- ATED	MAY	21 1985	8:15
3	S. SEX	FEMALE	4. RACE WHITE	OCT 20		6. AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	MONTHS DAY	R. IF UNDE		2c. DATE PRONOUNCE DEAD	D MAY	монтн 21	1985	9100 A
1	7a. B1	RTHPLACE (ST	ATE OR	76. CITIZEN OF			MARRIED [NEVER 44 AR	DIED	9. BALTIMOR				11.007
1	1	MARYLAN		USA			VIDOWED 🔀	DIVOR	CED 🗆	ALLEGA				WE
1	,	CUMBERL	AND	220 BON	D STRE			ITUTION	FOR M	OUSEWII	HON (TYPE O	F WORK	OR INDUS	
7	30. S	ARYLAN	D ALL	OR OTHER INSTITUTION, ITY EGANY	113c CIT	E BEFORE ADMISSION Y OR TOWN TRLAND		OE CITY LIMITS?	13ª STRE 220	BOND S	STREET	7	2/50	12
		THER'S NAME		MIDDLE	DI	LFER	15 MO	THER'S MAIL FIRST MARY	DEN NAME	ELI	EN		NICOL	
Ī	(YI	AS DECEASED S, NO, OR UNKNO VO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY N -12-8885		ORMANT ALD PU	LLIN :	21 BEE(ADDRESS CHWOOL	CLIME	SERLAND	MD.
		18 CAUSE O PARTIDE	ATH WAS CAUSE	TE CAUSE (a)), and (c).) S.	C.V.	D.					APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
			ns, if any, which		OK AS A CO	NSEQUENCE OF								
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	NO	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	TH BUT NOT REL	ATEO TO THE TERMINA	L DISEASE OR COND	ITION GIVEN IN I	PART I to					
4	CERTIFICATION	19a. DATE OF	OPERATION	196 CONE	DITION FOR	WHICH OPERAT	ION WAS PERF	ORMED?					20 AUTOPS	Y?
3	CAL CER		OR CAUSE OF		OF INJURY .M. MONTH	DAY YEAR	21c HOW INJU	JRY OCCURE	RED (ENTERN	HATURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PAR1		
	MEDICAL	21d. INJURY CO WHILE AT WORK	NOTWHILE		E OF INJURY ACTORY, FARM,		21f. LOCATION STREET			CITY OR TOWN		COUP	NTY	STATE
		22a I certif		ge of the remains d	lescribed ab	[A]	Autopsy	Inspect		Inquiry 2		ın my apıı	nion	
	Ē	ACTUAL SIGNATURE	A Molli	rauces	. Accident	leys		SPECIFY)	tu	CAL EXAMIN		DATE	5-2	1-85
2	1	EXAMINER'S (TYPE OR PRIN		ranus	00	leyes	ADDRES	900	Selon	Dr. (Punk	porla	nd Kd.	2150
	(5	BURIAL		236. DATE MAY 24 19		NAME OF CEME LLCREST	TERY OR CREM BURIAL	PARK	CUM	CATION DR TOWN BERLANI		COUNT	MD.	STATE
		NERAL DIREC		ADDRE	\$5	an arr ==		250. DATE	E REC'D. BY	REGISTRAR	25b. REGIST	RAR'S SK	GNATURE	10
		PITCOX-	-MEKKITT	FUNERAL	SEKVI	CE CUMBE	RLAND,	MD. INIA	1124	1200	funa de	Widden	V-Naviar	4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7 with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

156121

th. Page 4 may be

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO

IL FUE

DECEASED NAME FIRST					REG.				
	A	AIDDLE	2 LAS	ST .	20 DATE OF DEATH	MONTH	DAY	YE AR	2h HOUR
Virginia Virginia		S. K	AD	CLIFFE		5	20	85	1250 %
SEX	4 RACE		DATE OF	BIRTH YEAR	& AGE (IN YEARS LAST &	RTHDAY)	IF UND	DAYS	IF UNDER 24 HRS
emale	White	2		ber 1,1900	84	YRS		DATS	NOURS MIN.
BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	□ NEVER MARRIED □	1 BALTIMORE CITY	OR COUN	TY OF D	EATH	
laruland	U.S.1	4. w	/IDO WED	DIVORCED TO		zaany			M
CITY OR TOWN OF DEATH		HOSPITAL, NURSING H		OTHER INSTITUTION	12e USUAL OCCUPA (TYPE OF WORK FOR MOST		12h	KIND O	F BUSINESS OR
rostbura		rg Village		ing Home	Pharmac	ist		Med	icine
SUAL RESIDENCE (IF NURSING HOME 36 STATE 136 CO		GIVE RESIDENCE BEFORE ADA		34 INSIDE CITY LIMITS?	13e. STREET ADDRESS				
	legany	Frostburg		YES KOK NO	1 Kaylo	r Cir	cle,	/ 21:	532
FATHER'S NAME	MIDDLE	CAST		IS MOTHER'S MAIDEN NAM FIRST	AE MIDDLE			LAS	т
Charles		Somerlati	t	Louisa				Gar	ten
WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY	ONY	17 INFORMANT	ADD	RESS 68	Ride	gewo	od Road
No		214-05-407	70	Ioan Soisson		Ch	agri		els, Oh
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU		line for 101, (b), and ic	ÇI	4				APPROXI	MATE INTERVAL
PART 2 OTHER SIGNIFICAN	ram 8gn	id me.	Effic	A Sy Comment	Land DISEASE OR CO	20h. IF '	YES, WER	A CONTRE FINDING	ge .
190 DATE OF OPERATION	196 CONDI	HON FOR WHICH OP				IIN CER		LAUSES	OF DEATH?
190 DATE OF OPERATION	196 COND	TION FOR WHICH OP			YES NO		YES [CAUSES	OF DEATH?
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216 TIME O HOUR A	FINJURY M. MONTH DAY M.	YEAR 19	216 HOW INJURY OCCURR	70,00		YES 🗌		
OR CONTRIBUTING CAUSE OF	216 TIME O HOUR A HER) P.	FINJURY M. MONTH DAY M.	19	211 LOCATION STREET	70,00	URY IN ITEM T	YES []		
OR CONTRIBUTING CAUSE OF ITE STHER, NOTIFY MEDICAL EXAMING THE STHER, NOTIFY MEDICAL EXAMING THE STHER ST	21b TIME O DEATH HOUR A- HOUR A- 12 PLACE (TAT HOME, STR Spitol) Ottended the	FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FARM e deceosed from	19 , etc.)	211 LOCATION STREET 19 80 I that in (my) (our) opinion of	ED (ENTER NATURE OF IN	DWN	VES CO	PART 2]	STATE that (I) (we) los couses stated
OR CONTRIBUTING CAUSE OF-	21b TIME O DEATH HOUR A HER) 21e PLACE (IAT HOME, STR spirtol) oftended the on 515 not! view the body	FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FARM e deceosed from	19 , ETC)	211 LOCATION STREET 19 80 I that in (my) (our) opinion of the company of the com	CITY ORT	DWN DWN AFF	VES CO	R PART 2]	STATE that (I) (we) los couses stated
OR CONTRIBUTING CAUSE OF ITE STHER, NOTIFY MEDICAL EXAMING THE STHER, NOTIFY MEDICAL EXAMING THE STHER ST	216 TIME O DEATH HOUR A. 21e PLACE (AT HOME, STR spitol) ottended the on 5/15 not) view the body	FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FARM e deceosed from after death. TO	19 ,etc)	211 LOCATION STREET 1980 1 that in (my) (our) opinion of the control of the con	CITY OR T	DWN 2-2 AFF ICIAN	YES	PART 2]	STATE that (I) (we) los couses stated
OR CONTRIBUTING CAUSE OF- OR CONTRIBUTING CAUSE OF- OR ETHER, NOTEY MEDICAL EXAMIN 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22e I certify that (I) (this has sow the deceased alive above, (I) (mandid had) 22b SIGNATURE 22d PHYSICIAN'S NAME (TYPE)	216 TIME O DEATH HOUR A. HER) 216 PLACE (AT HOME, STR not) view the body E OR PRINT) thir, M.D	FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FARM ofter death. 19 86 123c NAM	19 ,erc)	211 LOCATION STREET 19 80 I that in (my) (our) opinion of the control of the con	CITY ORT. 10 death occurred on the MEDICAL DIRECTOR DPHYS , Maryland	DWN 2.2 AFF ICIAN 215	YES	punty from the	STATE that (I) (we) los couses stated SIGNED





















Production and Specimens

AA ID EN E

1 - STATE PETERSBURG. WV 26847

FIRST

I. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

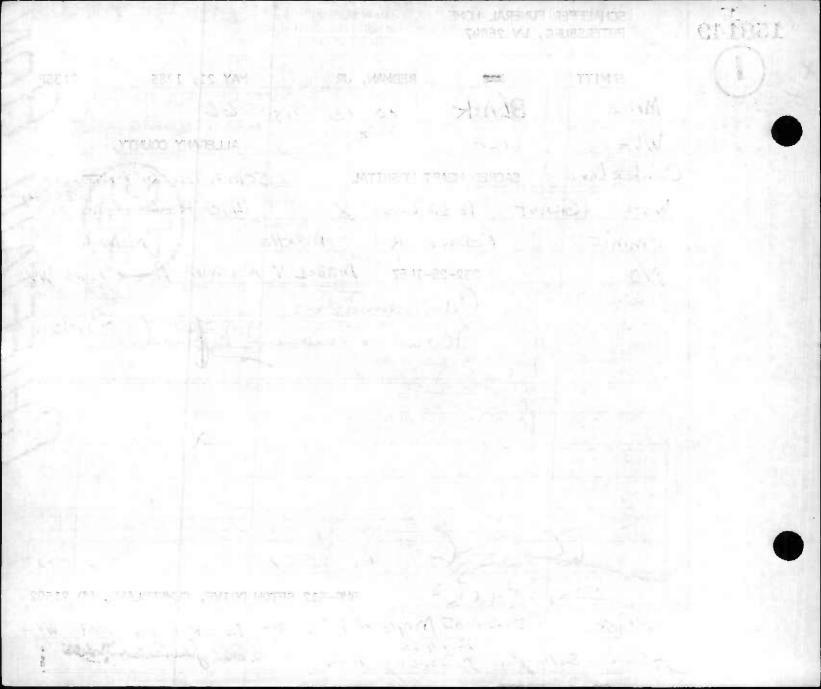
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

26 HOUR

NO F



DHMH - 16 50M 4/83 (VRA 15, 4) 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

RITRIAL. MAY 1

Gary Wagoner

saw the deceased alive or

22h. SIGNATURE

above, (I) (we) (did Irdid with

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION CITY OF TOW

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated

STAFF

925 Bishop Walsh Drive, Cumberland, Md

CANAL MD

221. DATE SIGNED

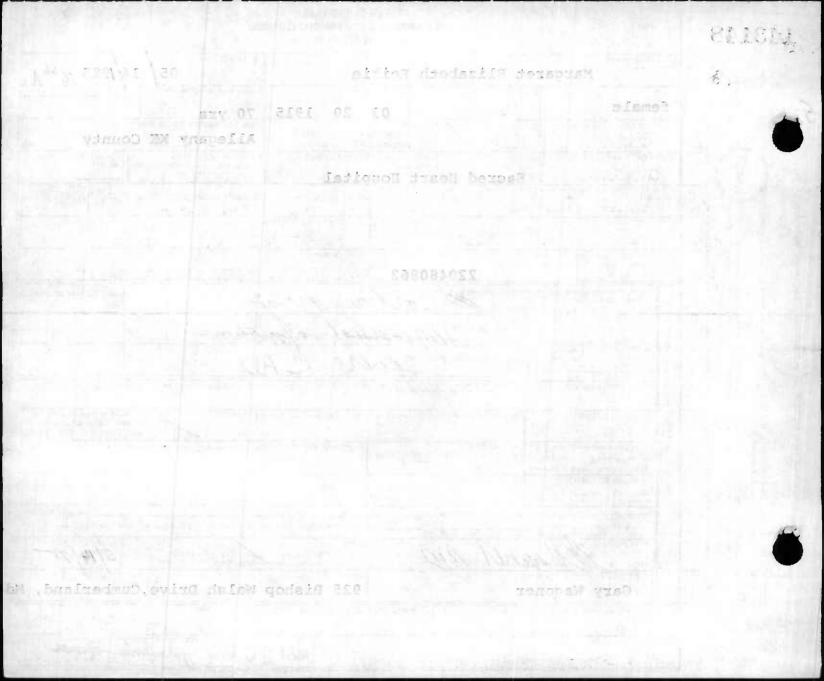
24 FUNERAL DIRECTOR
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CTI COV MEDID TITL ENDIED AT CETALICE OF A SPECIAL AND

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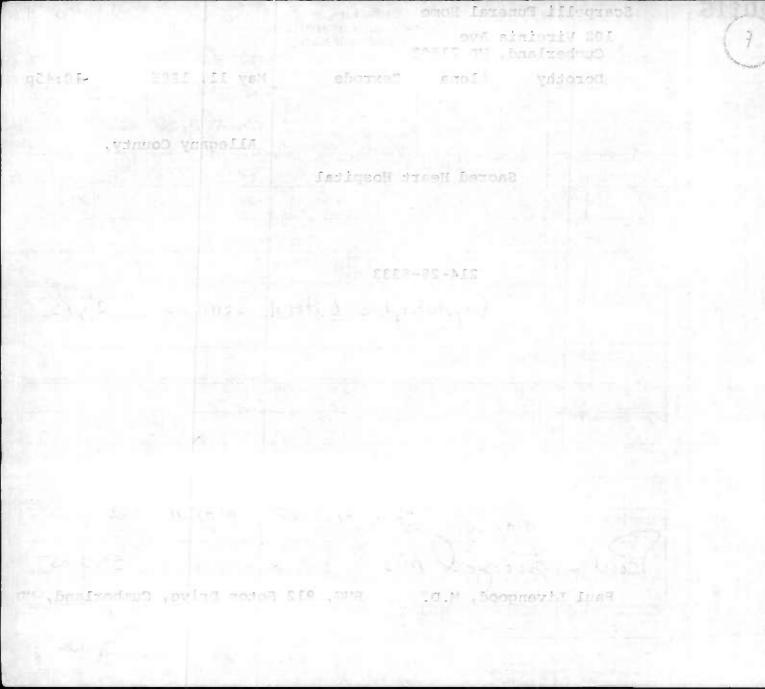
I lia Davidson-Mandall



2.0	1 DEC	EASED NAME FIRST	-Lanu,	MD 2150		AST	REG. No	MONTH DA	AY YEAR	26 HOUR
0	TYPE	Dorot!	ny	Alena	Re	xrode	May 11,	1985		10:45p
D 2	3 SE)		4 RACE		5. DATE		6 AGE (IN YEARS LAST BIR	THDAY)	F UNDER TYEAR	IF UNDER 24 HRS
0 0 0		female	whit	te	MONT	2-24-1928	57	YRS.	DNIHS DATS	HOURS MIN.
20/		OUNTRY)	76 CITIZEN O	WHAT COUNTRY?	8	D . NEVER MARRIED 🛛	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
		WV	USA	Д	WIDOWI		Allegan	y Cour	nty,	MD.
D D	10 CJ	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF			F BUSINESS OR
2		Cumberland	Sac	cred Hea	rt H	ospital	retired			nt facto
onid be	13a. S	LERESIDENCE (IF MURSING FOME CALL) TATE WV M1	PROTHER INSTITUTION INTY	Ridgele			Rt. 2 Box	ZIP CODE 467/2	6753	944
100 sh	H FA	THER'S NAME		LAST		15. MOTHER'S MAIDEN NA			LAS	
Duo O		Arthur Arthur	Arthur Rexrode LAST FRES Bessie Bolton							
Poges		(AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) I IF YES G	RMED FORCES?	16b SOCIAL SECTION 214-28		Miss ^{an} Thelma Mrs. Ruth H	M. Rexrode	-Ridge lyndman	ley, W	V
ow requires that the deat been signed by the other mit. Then please remove a prior to burral, cremation, ony injury, or other troum		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(c)_	or as a conseou		NOT RELATED TO THE TERM	LINAL DISEASE OR CON	DITION GIVE	N IN PART 110	
t permit Then ene prior to b	TIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b IF YES,	WERE FIND IN ING CAUSES	
il-transit permit. Then tal Hygiene prior to b.	AL CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF D	21b. TIME HOUR	OF INJÜRY A.M. MONTH D	AY YEAR		200 AUTOPSY?	206 IF YES, IN CERTIFY YES	ING CAUSES	OF DEATH?
the burid-fronsit permit. Then and Mental Hygiene prior to b ked or Nem 18 shows ony injury.	MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETTHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21b. TIME HOUR /	OF INJURY	AY YEAR	n was performed	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	ING CAUSES	OF DEATH?
A should be detached for use os the buriot-transt permit. Then with the Store Dept of Health and Mental Hygene prior to MAPORTANT. If them 21 is marked or them 18 shows ony injury	MEDICAL	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IFETTHER NOTIFY MEDICAL EXAMIN 210 INJURY OCCURRED WHILE NOT WHILE AT WORK OF THE DESCRIPTION OF THE DESCR	21b. TIME HOUR /	OF INJURY A.M. MONTH D P.M. E OF INJURY INSEL FACTOW, OFFICE the deceased from A suffer death	APP O	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the de	20b IF YES, IN CERTIFY YES RY IN ITEM 18 PAR WN ofe and hour of	COUNTY 9 85 . ond from the	STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE

Scarpelli Funeral Home STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Rotruck Funeral Home

Craig Rotruck Keyser.

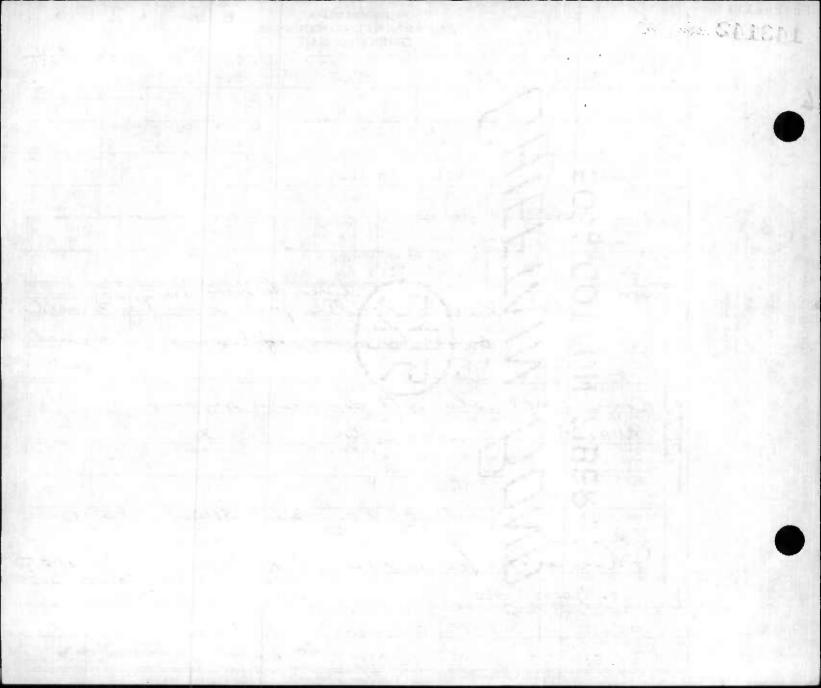
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DIVISION OF

3142	1.	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND LEALTH AND MENTAL H CICATE OF DEATH	YGIENE	8 5 REG. NO		2	3 6 2	
. 84		CEASED NAME	FIRST		MIDDLE		AST		OF DEATH		DAY YEAR	26 HOLA: 40	
y be			LOMAN		RADFORD		RILEY		lay 15			P	
or. po	3 SE	X		4 RACE		S. DATE (6 AGE (IN YEARS LAST BIR		MONTHS DAYS		
urs a		male		whit			-29-1924		60	YRS.			
7 2 ho	→d B	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIN	AORE CITY O	R COUNTY	OF DEATH		
op and op	10.0	TY OR TOWN OF I	DEATH	USA	IOCOLTAL AUROLI	WIDOW			legany		The Mars	MD.	
1 1150	2	Cumberl	and	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD MEMORIAL		I Hos	ADDRESS) Hospital		ORK FOR MOST O	F WORKING LIFE	INDUSTRY	of Business or dio	
733	13a S	AL RESIDENCE (# ^ STATE MD	13b COUN	other institution. HTY Legany	13t. CITY OR TOV	VN	13d INSIDE CITY LIMITS?	405	T ADDRESS /			′21502	
11/1/			ry A. F	Riley, S				n Harts	MIDDLE		ı	AST	
Propriet		VAS DECEASED EV YES, NO OR UNKNOWN) YES	I IF YES GIV	MED FORCES? E WAR OR DATES) I I	235-2		6 Mrs. Bed	a Ma Ri	iley, C			MD - wife	
that the death certification by the ottending phose remove carbonp of cermotion, or remore or other troumotic even			Conditions, if a gove rise to couse to, ste	IMMEDIAT	DUE TO, O	R AS A CONSEQUER AS A CONSEQUERAL CONSEQUE	ENCE OF	yplan 7 lning 2	epti	ion	ū.	3 - 3 5 (weeks weeks
n signed Then ple	NOI	PART 2 OTHERS	IGNIFICANT C	CONDITIONS CO	ontributing to	DEATH BUT	NOT RELATED TO THE TE	Secretary 6	-			lio	
on. hos bee t permit ene prio	CERTIFICATION	190 DATE OF OPE	RAHON 85	196. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AU YES	ITOPSY?	IN CERTIF	, WERE FIND YING CAUSE S	DINGS USED ES OF DEATH? NO	
CIAN: T g physici prinficate ol-tronsi ntal Hygi em 18 s	ICAL CER	210. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEA	1111	FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJUI	RY IN ITEM 18 P.	ART I OR PART 2)		
offending er this ce is the burn ond Me	MEDIC	.21d INJURY OCC	URRED	21e PLACE		FARM ETC)	211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE	
R ATTENDIN hospitol or IRECTOR: Aft hed for use o ept. of Health tem 21 is mor	1	220-1 certify that	this hospi	tol) ottended the	19.8	4/1	nd that in my (our) opinion		5/15 rred on the do	ote and hou	ond from th	that D (we) lost ne couses stated TE SIGNED	
by the by the be defoce Store D		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT	Vari	51	1 ATTENDING PHYSICIAN 22e. ADDRESS Mem	MEDICA	Hosp	ital	Medi	16/85 cal Bldg	
TO HOSPITA retained by TO FUNER, should be d	22- 1			as Lewi		NIAME OF		berla					
BP		BURIAL, CREMATIC					Gap VA Cemete	C	lintst	one	Allega	INV MD	
T S S S S	24 F	JNERAL DIRECTOR		1 02 10	1707 11	ocity (aup vn comete	ATE REC 0/40	MEGISTRAN		RAR'S SHEAL		
DHMH - 16 60M 7/84 (VRA 15, 4)		lames F.		li. Cum	berland.	MD 2	502	30 B	201 go	War Day	war-pa	npallin.	



158014 1 - FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	0	U-100	

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST		LAST	20 DATE OF DEATH MONTH	OA YEAR 26 HOUR
	THE	LMA BERTHA	RINGER	May	1985 9:05
3 5	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	WHITE	NOV. 1 0AY 1916 FAR	68 YRS	MONTHS DAYS HOURS MIN.
7a	BIRTHPLACE (STATE OR FOREIGN		MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
4	W.VA.	USA	WIDOWED DIVORCED	ATTIONANTE	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
4	Cumberland	Memorial Hos		HOUSEWIFE	
		ME OR OTHER INSTITUTION GIVE RESIDENCE BE OUNTY 13c CITY OR TO		13e STREET ADDRESS / ZIP COD	E 21646
1		LEGANY MT SAVA	AGE YES NO TO	RFD# 1 BOX# 19	4000
7 14	FATHER'S NAME FIRST	MIODLE LAST	15 MOTHER'S MAIDEN N	NAME MIGOLE	LAST
	ROY V	ERNON GARLI	TZ. CLARA	BERTHA	MILLER
160	WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIAL SE S. GIVE WAR OR DATES) 218-24		ADDRESS	TILITAR
L	NO	218-24	-8342 ALVA RINGER	RFD#1 MT SAVACE M	D 215/5
	18 CAUSE OF DEATH (Ent	er only one couse per line for (o), (b),	ondic		BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CA	DIATE CAUSE (o)	CUA		2 wh
		DUE TO, OR AS A CONSE	QUENCE OF		
	Conditions, if any, which	h ((b) a	therebysen		340
	gove rise to immediate cause to, stating the		OUENCE OF		V
	underlying couse lost	<u>t.</u>			
7		NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART TIO
CERTIFICATION					
N S	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
- E					ES NO
		- HOLLE A LL MACHITLE		URRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2}
\ \sqrt{\delta}	LIF EITHER NOTIFY MEDICAL EXAL		19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	CE, FARM, ETC 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK NOT WHILE				
		nospital) attended the deceased fro			, 19, thoreD(we) last
		id no view the body after death.		on death occurred on the date and ha	
	226 SIGNATURE	n 11	DEGREE	MEDICAL STAFF	22c. DATE/SIGNED
	4	Latin	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17/11/85
	22d. PHYSICIAN'S NAME		22e ADDRESS		1 W1 01500
	Dr. Anthony	Rollino	955 Frede	erick St., Cumberl	land, Md. 21502

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, cren

with the plant property of them 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 60M 7/84 (VRA 15, 4)

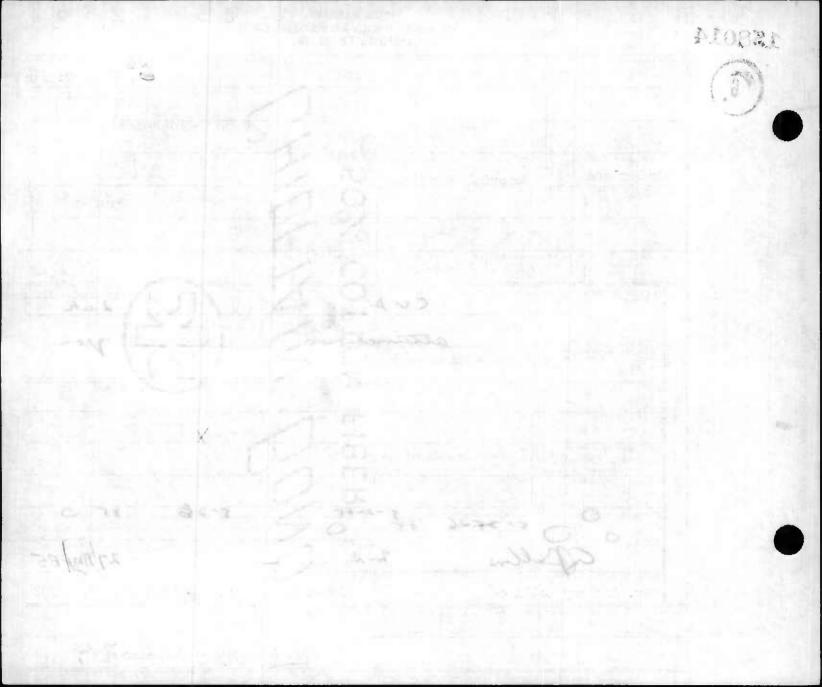
230 BURIAL, CREMATION, REMOVAL BURTAL

23c NAME OF CEMETERY OR CREMATORY 236 DATE MAY 29 1985 REST LAWN CEMETERY

1336 LOCATION
LAVALE ALLEGANY MARYLAND

STATE

24 FUNERAL DIRECTOR SILCOX-MERRITT FUNERAL HOME CUMBERLAND MD. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	1.	BOAL'S FUN STATE 111 CHURCE	STREET	ME DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	SIENE 8 5	8	2 8	6 4	
19103		REGISTAWESTERNPOL CEASED NAME FIRST OR PRINT) ETHEL		21562 MAY		ERTSON	REG. N 20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR	
may be poge er deat	J. SE		4 RACE	V-1	5 DATE O		MAY 21		FUNDER I YEAR	3:25P M	
ector irs ofte	Fe	male	White		6 MONTH	7 1933 YEAR	51	YRS	DNIMS DATS	HOURS MIN	
nerol dir in 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Tyland	U.S	WHAT COUNTRY?	WIDOWE		ALL BOALDS COLUMN			MD.	
by the fulled with	10. C	ty or town of DEATH umberland	(IF NOT IN SUC	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOSPIRAL			12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O Nursing Ho	OF WORKING LIFE	12b. KIND OF INDUSTRY Nursi	ng	
RE	730. 3	TATE 136 CO	OR OTHER INSTITUTION JUTY	any Barton YES			ISIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE Box 117 21521				
p. du 000	14. FA	THER'S NAME FIRST William	MIDDLE	Gardner Charlotte							
ond cor Poges 1		VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 220-30-		17 INFORMANT Mr. Charle	s Robertson		117 Bar	ton. Md.	
shysicion popers. novol.	7	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE	only ane cause per SED BY. ATE CAUSE (a)				cell cs			MATE INTERVAL INSET AND DEATH	
quires that the deat signed by the atten hen please remove c to burial, cremation, ijury, ar ather troum,		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, O	R AS A CONSEQUE	ala f	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 110		
in he law reform to the permit I here prior laws any in	CERTIFICATION	190 DATE OF OPERATION	118 COND	ITION FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?	
SICIAN. T ing physici certificate mol-trans entol Hyg frem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART?)	7	
offendir offer this os the bu h ond M srked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC J	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
spitol or CTOR: A for use of Healt		22a certify that (1) (this has sow the deceased alive a abave, (1) (we) aid in a	n r- 2	1- 198	, on	d that in (my) (aur) apinion	death accurred on the d	1	9	hot (I) (we) last couses stated	
HOSPITAL OR Prined by the housed by the house beforehed with Stote Dept.		275 PHYSICIAN'S NAME (TYPE	OR PRINT)	Danu	g	ATTENDING PHYSICIAN (MEDICAL STA	FF CIAN []	120 DATE S	SIGNED -	
etoined by TO FUNERA should be de with the Stot		JOHN MEHAN					N DRIVE, CM	MBERLAN	D, MD	21502	
BP		SPECIFY Burial	5/35/			METERY OR CREMATORY Hill Cemeter:					
DHMH - 16 60M 7/84 (VRA 15, 4)		als Funeral 8	rvice W	esternijor	t, Ma		TE REC'D. BY REGISTRAR		AR'S SIGNATU	48	

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed	retained by the hospital ai ottending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician an should be detached for use as the buriol-transit permit. Then please remove corbangapers. Paga with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If them 21 is marked or fleen 18 shows any injury, or ather traumatic event, the medi

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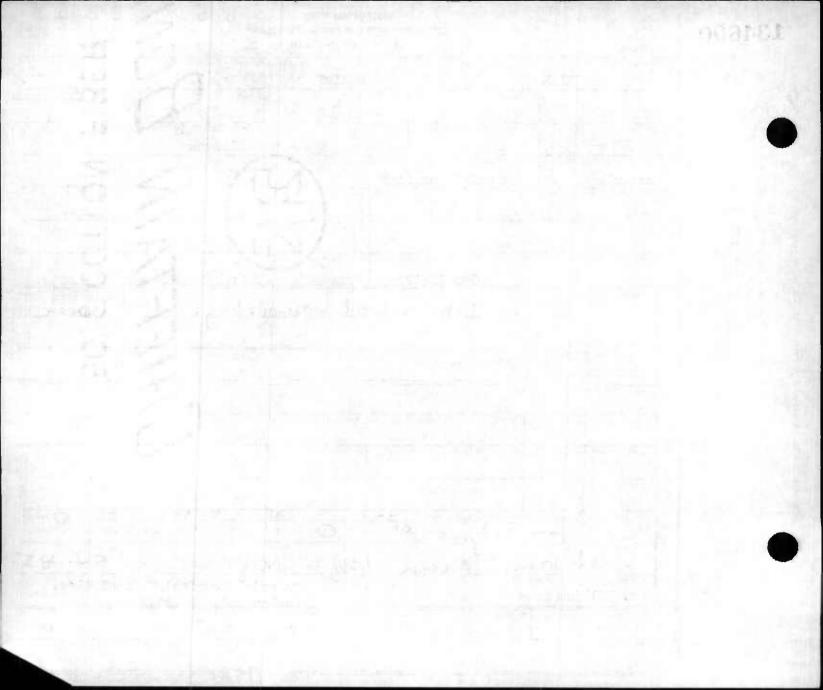
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTA	HYGIENE
CERTIFICATE OF DEATH	

6

1-	FOR STATE REGISTRAR			DEPARTI		IEALTH AND MEN			5. NO.				
	OR PRINT	FIRST	′	AIDDLE		LAST		20 DATE OF DEAT		DAY	YEAR	26 HOL	1R 30
		ERVIN		RICHARD		SCHAIDT		May 5			1434		Am
3. SE X		4	RACE		5 DATE (YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY	MONTH	DER I YEAR	IF UNDER	Z4 HR*
1	male		white			-21-1907		77	YRS	-			
a BIR	MD USA			WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MAR		BALTIMORE CITY OR COUNTY OF DEATH Allegany					MD.
10 CI1	TY OR TOWN OF D	EATH !		OSPITAL, NURSIN		OR OTHER INSTITU	TION	126 USUAL OCCUP		12	L KIND C	OF BUSIN	ESS OR
	umberland		Memor	ial Hosp	ital		E. I	retired				lroa	d
1Je. S	LE RESIDENCE (IF NO TATE MD	136 COUN		GIVE RESIDENCE BEFOR 13c CITY OR TOW Oldtov	VN		X	13e STREET ADDRE					
14 FA	THER'S NAME FIRST	lohn H.	Schaid	LAST		15 MOTHER'S MA	100	MIDDI	rstenb	ura	ĮA!	SŤ	
	AS DECEASED EVE		NED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT		AD	DRESS		1		
	no			705-12-4	726	Mrs. Em	ma K.	Schaidt,	Oldto	Wn.	MD -	- wif	e
	PART I DE ATH	WAS CAUSED	BY.		eve b.	al he	Moi	rhoge			BETWEEN	MATE INTE	PEATH .
NOI	Conditions, if or gove rise to in cause (a), sto underlying cou	mmediate ting the ise lost.	DUE TO, OI	R AS A CONSEQUER A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	ENCE OF	NOT RELATED TO	THE TERMI	NAL DISEASE OR C	ONDITION (SIVEN IN	N PART 1	0	
CERTIFICATION	190 DATE OF OPER	RATION	196 CONDI	CONDITION FOR WHICH OPERATIO		ON WAS PERFORMED		20a AUTOPSY?	IN CER	YES, WE	RE FINDI	NGS USE OF DEA	D TH?
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	22a I certify that sow the decer 22b. State Time		of) offended the			DEGREE ATTE	9 8) Opinion d NDING SICIAN	eoth occurred on the	STAFF	nour and	from the		we) lost
	Dr. Wil					22e ADDRESS		ial Hosp			al B	ldg.	
	URIAL, CREMATION	N, REMOVAL	23b. DATE			EMETERY OR CREA	MATORY	23d LOCATION	ν .	2 	YTML		STATE
04.5	Buri	aı	05-08	-1985 L	Javis	Memorial		Cumbe		All	egar	4	D
	NERAL DIRECTOR	carpell	Li. Cumt	perland,	MD 21	502	250 DATE	REC'D. BY REGISTI	RAR 25b REG	ISTRAR'S	5 SIGNA1	TURE	



DECEASED NAME

female

TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD

4 FATHER'S NAME

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TYPE OR PRINTE

3. SEX

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PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,

- STATE REGISTRAR

MIDDLE

L

76 CITIZEN OF WHAT COUNTRY?

4 RACE

white

USA

Allegany

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE					
CERTIFICATE OF DEATH						

02-18-1928

MARRIED A NEVER MARRIED

SCHWAB

S. DATE OF BIRTH

WIDOWED

20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R
MAY 29, 1985			12:	36A.
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS	
57 YRS	MONTHS	BATS	HOURS	MIN.
9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
Allegany				MD.
12a USUAL OCCUPATION	126	KINDO	F BUSINE	SSOP

10 CITY OR TOWN OF DEA Cumberland	(1F NOT IN SU	HOSPITAL, NURSING HO/ THEACILITY, GIVE STREET ADDRESS IAL HOSPITAL			126 KIND OF BUSING INDUSTRY Clothing	
USUAL RESIDENCE (IF NURSE 130 STATE MD	ng home or other institution 13b. COUNTY Allegany	GIVE RESIDENCE BEFORE ADMISS	13d INSIDE CITY LIMITS?	13e.STREET_ADDRESS / ZIP CODE 727 LaVale Ter	race/21502	

Mark	L. Lazarus,	Sr.	Besse Ku	usner			
		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	55		
NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	212-24-0902	Mr. Richard D	. Schwab.	LaVale.	MD -	husba

15. MOTHER'S MAIDEN NAME

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), CARDIO - RESPIRATORY ARREST	DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DETASTATIC CA · BREAST DUE TO, OR AS A CONSEQUENCE OF	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
(IF EITHER NOTIFY MEDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART 2)
WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE

sow the deceased alive on above. (If the Idid) (did not) view the body ofter death	19, and that in (r	my) (aur) opinian death accurred an the date and hour	and from the couses stated
26 SIGNATURE COM	MDEGREE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5/30/65

22d PHYSICIAN'S NAME A PE OR PRINT) Dr. Qamar Zaman

Memorial Hospital Medical Building

Maryland 21502

BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATO
Burial	05-31-1985	East View Cemetery

RCREMATORY CITY OR TOWN

STATE Cumberland ry Cumberland Allegany
25g date rec'd. By registrar 25b registrar's signature

Cumberland.

24 FUNERAL DIRECTOR

James F. Scarpelli. Cumberland MD 21502 Julia Davidson Rondolle

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA

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AL HY	GIENE	REG. N	10.					1
	20 DATE OF	DEATH	MONTH	DAY	- 1	EAR	2b. HOL	
	1		-	1		RE	2.5	20

		REGISTRAR				CERTIF	ICATE OF	DEATH	REC	S. NO.		
		CEASED NAME	RLES	NORW	DOD SE	IBERT	AST	4	20 DATE OF DEAT		DAY YEAR	26. HOUR 2:52P M
	3 SEX	MALE		4 RACE White		S. DATE C		2 1 YEAR	6. AGE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
5	70. BI	RTHPLACE STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOWE		MARRIED	9 BALTIMORE CIT	Y OR COUN	ITY OF DEATH	MD.
1		TY OR TOWN OF DEA	ATH	(IF NOT IN SUC				12d USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE retired			OF BUSINESS OR	
5	13a S	AL RESIDENCE (IF NURS STATE ARYLAND	136 COUP ALLE	VIV	GIVE RESIDENCE BEFORE		13d. INSIDE	CITY LIMITS?	456 PENN	SSAVENC		
/	14 FA	THER'S NAME Willi	am R.	Seiber	LAST		15 MOTHER	S MAIDEN NA	0. Smith		LAS	JT
1		WAS DECEASED EVER IN U.S. ARMI		MED FORCES?	213-12-		Mrs.		Seibert,	Cumbe	rland. M	D-wife
	7	Conditions, if ony, gave rise to imm couse (a), static underlying cause	mediate ng the last.	(b) DUE TO, OI (c)		e c	CON NOT RELATE	- pul	monals Monals	CONDITION	GIVEN IN PART 10	0
7	CERTIFICATION	O DECEMBER 190. CONDITION FO			TION FOR WHICH	on for which operation was performed			200 AUTOPSY?	IN CER	YES, WERE FINDIN TIFYING CAUSES YES []	
1	MEDICAL CER					21c. HOW II		RED (ENTER NATURE OF	INJURY IN ITEM I	IB PART I OR PART 2)		
	ME	WHILE NOT WE AT WORK	MILE [PEET, FACTORY, OFFICE, FA	ARM ETC)	STREE		CITY C	ORTOWN	COUNTY	STATE
		22b. SIGNATURE	ed alive on did) (did no	it) view the body	19	, or	DEGREE	ATTENDING PHYSICIAN	MEDICAL CHECTOR PH	STAFF		
		Beck	AME (TYPE C	OR PRINT)			Memorial Hospital					2
		Burial, CREMATION, SPECIFY) Burial	REMOVAL		1-1985 Sur			CREMATORY	23d LOCATION CITY OF TOW		COUNTY	STATE

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etained by the hospital or

DHMH - 16 60M 7/B4

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygrene prior to burial, cremation. TO FUNERAL DIRECTOR. After this certificate has been signed by the

24 FUNERAL DIRECTOR

750 DATE REC'D. BY HEGISTRAN 25b. REGISTRAN'S SIGNATURE James F. Scarpelli, Cumberland, MD 21502 La Builson-Rundelle COMBERTAND ALLEGARY CUMBERLAND TO ASSESSED
151105	EICHORD FU 1 - STATEMAIN STREE REGISTIONACONING	DEPARTMENT (ATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE REG. NO.	2 3 6 8
	1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
eo eo eo eo eo eo eo eo eo eo eo eo eo e	WTI I	TAM WORKMAN	SMITH	MAY 21, 1985	3.45 AM
may may	3. SEX	4 RACE 5 DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
s of	Male	White	17, 1902	82 yrs	MONTHS DATS HOURS MIN.
nerol din n 72 hou	Ja. BIRTHPLACE I STATE OR FOREIGN	HICA	RRIED NEVER MARRIED	D PAITIMORE CITY OR COUNTY	
by the further defined with	Cumberland	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS SACRED HEART HO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Meat Cutter	126 KIND OF BUSINESS OR
4 having the state of the state	USUAL RESIDENCE (# NURSING HON 130 STATE 136 C)	e or other institution, give residence before admissi DUNTY 130 CITY OR TOWN Legany Lonaconing	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 7 Buck Hill	01/17/1
RAIL OF THE PARTY	Thomas R	MIDDLE CLAST	15 MOTHER'S MAIDEN N		LAST
AM ON O			Ännie		Lyons
IMORE, n and Pag	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) I IF YE!	GIVE WAR OR DATES)		e A. Woods, Lo	naconing.Md
RECORDS, 201 W. PRESTON ST., low requires that the death certifulation so been signed by the attending phoening. Then please remove carbang the prior to burial, cremation, or remove any injury, or other traumatic eve	Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last	DIATE CAUSE (a)	F LOY BUT NOT RELATED TO THE TEL	MINAL DISEASE OR CONDITION GIV	EN IN PART IIG
WITAL REC AN: The law hysician. hysicians hygiene pri 18 shows on	ATE WOOD STATE OF THE PROPERTY	Quite ablon	21c HOW INJURY OCCU	INCERTIF	YING CAUSES OF DEATH?
DIVISION OF VITAL ING PHYSICIAN: The r ottending physicion so the buriol-tronsity th and Mental Hygier th and Mental Hygier orked or frem 18 show	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE FARM, ETC	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENDI inned by the hospital or FUNERAL DIRECTOR: A void be detached for use h the State Dept. of Heal	saw the deceased alive	anati view the blody after death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	The DATE SIGNED
BP	230. BURIAL, CREMATION, REMO-	May 23, 1985 Laur	of CEMETERY OR CREMATORY el Hill Ceme	tery Moscow Al	Legany Md
DHMH - 16 60M 7/84 (VRA 15_4)	Eichhorn Fur	eral Home, Lonacon		TE RECD. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE

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	TO HOSPIFAL OF ATTENDING PRINSION. The low requires that the death certificate be executed when 24 have other returned by the heapths or attending physician.	10 FUNEWAL DIRECTOR After the certificate has been agreed by the attending physicon and complete fleel by the should be detached for use as the bound statut permit. Then place remove controlled the special and should be with the State Dust at Meathh and Market Habiting policy believed community. A media with the State Dust at Meathh and Market Habiting policy believed community.	MPORTANT, if them 21 is morked as them 18 shows any injury, as other traumatic event, the medical exhibits had be halfled
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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

1	REGISTRAR				CERTIF	CATE OF DEATH	REG. NO	o.				
	CEASED NAME	FIRST		AIDDLE	(D)	151		MONTH DA	Y YEAR	26 HOUR		
		VIOLA		MAE	SPE	NCER	May 2, 19			9:10 am		
3 SE	×		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		NIHS DAYS	IF UNDER 24 HRS		
	female		whit	te	MONON O	3-12-1912 EAR	73 _{VRS}					
70 B	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTE	RY? 8.	IED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH						
	WV		USA		WIDOWE		Allega			MD.		
Cu	mberland		(IF NOT IN SUC	Memori	al	R OTHER INSTITUTION	OSUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOUSEWIFE		INDUSTRY	home		
130. 3	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSING STATE 136, CITY OR TOWN RINGELEY					13d. INSIDE CITY LIMITS? YES NO 🖔	130 STREET ADDRESS / Route 1/2	ZIP CODE 6753	99	999		
A F	ATHER'S NAME FIRST H	ampton	Mosser	LAST			Shaffer		LAS			
	WAS DECEASED E			214-05		Mr. Robert I Mrs. Debora	Spencer, n K. Gollida	Šķidgel ay, Cur	nberlar	nd, MD		
	Conditions, if gave rise to cause (a), stunderlying co	H WAS CAUSE IMMEDIAT any, which immediate lating the	DUE TO, OF	R AS A CONSEC Q TOS R AS A CONSEC Q T	QUENCE OF F	ibsilation Respiratory Fibsilation	,	eding	DETWEEN C	MATÉ NTERVAL NSET AND DEATH		
TION						NOT RELATED TO THE TERM				101		
TIFICA	19a DATE OF OPE	RATION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	YES NO		WERE FINDIN ING CAUSES			
MEDICAL CERTIFICATION	210, ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	110	M. MONTH	DAY YEAR	21¢. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	1 ORPART 2]			
MEDI	WHILE NO		21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFI	CE FARM ETC)	214 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
	220.1 certify that saw the dec abave, (1) (w	t (1) (this haspiteased alive an		19	, an	d that in (my) (aur) apinian i	, to death accurred an the do	ite and hour c	and from the			
	27b. SIGNATURE	Ash	1		1		MEDICAL STAF		5/	2/85		
	Dr. Asl		RPRINT			22e ADDRESS 500 M Building, Cu				Medical		
	BURIAL, CREMATIC		23b. DATE 05-05-1			Memorial Park	23d LOCATION CITY OF TOWN CUMberla	and A	llegany	y MD		
	James F.		lli, Cum	berland	. MD 2		E REC'D. BY REGISTRAR		AR'S SIGNATI	IRE		
							U					

H. FUNERALDIRECTOR

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PRICET

DHMH - 16 60M 7/84 (VRA 15, 4) 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR

13	4535		FOR 57 FRO	OST AV	RAL HOME VENUE RG, MD.	DEPART	CERTIF	ICATE OF DEATH	HYGIENE 20 DATE OF	REG. NO.	DAY YEAR	Tay HOUR
9	£ ± 3		CEASED NAME OR PRINT)	ENN	N	TE.		RRY	120		DA! TEAR	26 HOUR
noy a	od o	3. SE			4 RACE		5. DATE O		6 AGE (IN YE	L, 1985	IF UNDER 1 YEA	04:20A M
7	d d		Male		Whit		Jul	/	58	YRS.	MONTHS BAY	S HOURS MIN.
	1200	70 B	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY	? 8		9 BAITIMOI	RE CITY OR COUNT	Y OF DEATH	
1	18 25		COUNTRY) Marvland		U.S.	Α.	WIDOWI	D NEVER MARRIED DIVORCED		EGANY COU	NTY	MD.
	11 17	/	ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURS		OR OTHER INSTITUTION		CCUPATION	12b. KIND	OF BUSINESS OR
8	11/10		Cumberlar			D HEART		TAL	D	FOR MOST OF WORKING	Be	er Co.
1	V35	13a.	aryland	13b. COUN	other institution TY egany	13c. CITY OR TO	WN	13d INSIDE CITY LIMIT YES X NO	132	ADDRESS / ZIP COL		532
(10	第 /1/	14. F/	ATHER'S NAME	A	AIDDLE	LAST		15 MOTHER'S MAIDEN	INAME	MIDDLE		AST
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ING PHYSICIAN The low required on physician	thos bearing the permit	CERTIFICATION	1% DATE OF OFFICE	NON.	146 COND	rfion Fg€ whic	HOPERATIO	N MAS PERFORMED	The POTO	IN CERT	S, WERE FIND IFYING CAUSI ES []	DINGS USED ES OF DEATH? NO
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O HO	should be with the S				M.D.					FROSTBURG	MD.	21532
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LIE. CHURCHE, M.D.

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48 TARRI STRENES, TROSTESTO, NO. 21222

TENDING PHYSICIAN The low or attending physicion

retained by the hospital TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	5	1	2	8	1	2

		Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITY OR TOWN OF DEATH LUMberland UAL RESIDENCE (IF NURSING HOME OR OTH STATE MD FATHER'S NAME FIRST Lee WAS DECEASED EVER IN U.S. ARMEE (YES, NO OR UNKNOWN) NO	EIRST			20. DATE OF DEATH		REG. NO.				
			FIRST	WIDDLE	LAST	26. DATE OF DEATH	MONTH DAY	YEAR	1:00			
4	(TIPE	OR PRINT)	Bruce	H. St	otler	May 31	. 1985		a.			
121	3. SEX		4. RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	IF UNDER 24 H			
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/	cc	DUNTRY)		MARR		Alle	gany					
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				TO, OR AS A CONSEQUENCE OF	ASCVD			54	EARS			
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527 Williams St. 21502	X	Cumberland	Allegany	Q.4
B. Smith	Part and 2	Stotler		Lague F
Stotler, Cumberland, MD	S. Lug Glene	214-07-5046		01.

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Ralph W. Ballin M. D. 51 Greene St., Cumberland, ND 21502

Cremation Nay31,1985 Smithsburg Crematory Smithsburg Washington
William G. Kight Cumberland, ND21502

STATE OF MARYLAND

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	REGISTRAR	
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	IN.	REGISTRAR				THE O'CLICE	ITOMIL	OI DEL		REG. NO).			
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		22a I certify	that I taok charge	of the remains descr	ibed abave, held on	Autapsy 🗌	, Inspect	ian X	Inquiry	X one	d in my o	pinian		
		death resulted	from: / Nature	l causes 🗷 ,	Accident . Su	icide , H	omicide	Undete	ermined man			×.		

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN A HOILE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ADDRESTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMETER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL ABALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OF REMOVED.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

(VR A15 ME (5))

230, BURIAL, CREMATION, REMOVAL 236 DATE
Burial 05-2 05-29-1985

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

TITLE (SPECIFY)

23d LOCATION Cumberland

Memorial Hospital

Allegany

5-27-85

STATE

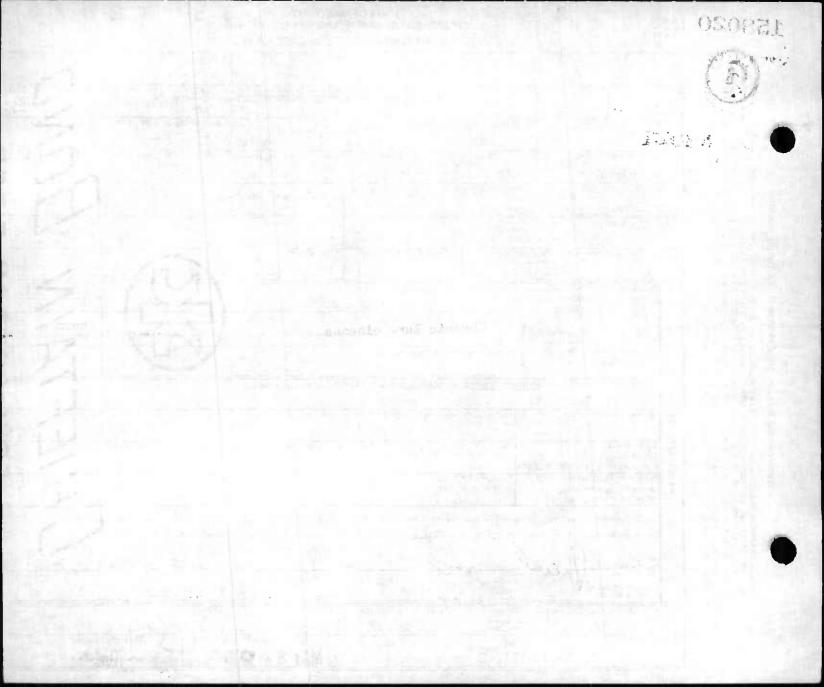
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502 M

EXAMINER'S NAME (TYPE OR PRINT)

ACTUAL

Snow, M.D.

07/84 25M



DIVISION OF VITAL RECORDS, 261 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH-17 (VR A15 ME (5)) 15M 2/80

REG	NIC
REG.	NO.

I, Di	CEASED NAME	FIRST	MID	DLE	LAST		20. D	ATE KNOWN	MONTH DA	AY YEAR
THY	Pie	rre	N		Vall	ee		OF ESTI-	05-14	4 10 85
J. 5E		5. DA	TE OF BIRTH	6. AGE (IN YE	RS IF UNDER		24 HRS. 2c. 1	DATE	MONTH D.	DAY YEAR
1	Male Whi	te 0/	4-19-19	04 81 YE		AYS HOURS	MIN PRON	OUNCED 05-	14-19	85
70 B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CI	TIZEN OF WHAT	COUNTRY?		NEVER MARR	9 BA	LTIMORE CITY OR	COUNTY	F DEATH
1	Vermont	1 7 7 5	USA		WIDOWED [Allegar	ny	
10. C	ITY OR TOWN OF DEATH	11. N/	AME OF HOSPITA	L, NURSING HOME	, OR OTHER IN	ISTITUTION	12e. USUAL O	CCUPATION (TYPE OF WORKING LIFE)	OF WORK 12b	KIND OF BU OR INDUST
	umberland	Me	emorial	Hospita	al		Ret.	rworking LIFE)	CI	hemic
13a S	AL RESIDENCE (IF IN NURSIN	county llegar	INSTITUTION, GIVE RES	. CITY OR TOWN	13d I	NSIDE CITY LIMITS?		DDRESS ,		
1000		Llegar	ny	Cumberla			Rout	e 5 / 2°	1502	
	ATHER'S NAME FIRST Louis	MIDDL		LAST		AOTHER'S MAIDE		MIDDLE	D	LAST
16a. \	WAS DECEASED EVER IN	J.S. ARMED FO		llee SOCIAL SECURITY	NO. 17. IN	eorgian MFORMANT	ına	ADDRESS	Franc	е • Y •
((IF	YES, GIVE WAR OR I	DATES)	080-01-9		Devid V	Iallee	- Wappi		
5	18 CAUSE OF DEATH (nter anly ane			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Davia	direc	wapp.		APPROXIMATE
V	PARTI DEATH WAS	CAUSED BY:	R	ESPIRAT	ORY F	AILURE			8	BETWEEN ONSET
	8/27 W	MEDIATE CAU	35 (0)	CONSEQUENCE		ALDOID.				
	Canditians, if any	which		LTIPLE		TIC				
-	gave rise to imi	mediate)				.EO				
	lying cause last.	under-		CONSEQUENCE			Laure Control			
			(c)	OTOR VE	HIVLE	ACCIDE	NT			
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
01										
Z X	190. DATE OF OPERATIO	N	196 CONDITION	FOR WHICH OPER	ATION WAS PE	RFORMED?			20	0 AUTOPSY?
CERTIFICATION	210 EXTERNAL CAUSE	A/A C	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART)							YES 🗌
	HINDERLYING TOP		HOMER A.M. ME						RT 1 OR PART 2)	
MEDICAL	CONTRIBUTING		P.M. IV	84°, 4° 46°		Car Ac	cident			
튛	21d INJURY OCCURRED	ILE 📉	21e PLACE OF IN	40 Road	211 LOCATIO		CITY	OR TOWN	COUNTY	
1	WHILE NOT WHE	(noute	40, Road	Rout	e 40,	1 Mile	east o	f. Erg	stbur
1	220. I certify that I tag	k charge of the	e remains describe	d abave, held an	Autopsy], Inspection	XX Inc	July XX and	I in my apiniai	113
	death resulted fram:	Natural caus		V-X		Hamicide .	Undetermine			
	^	1101010101000	11					d manner		
	ACTUAL	:01/11	U	la X		"Deput:	y		DATE SIGNED	5-16-
1	SIGNATURE	Com		- VICA	M.D.		MEDICAL E	XAMINER	SIGNED	
	EXAMINER'S NAME T	ovanni	Magtr	o [enge		000	Today 1	D ~		
								Drive Co	umber	Land,
73c.8	URIAL, CREMATION, REM			23c. NAME OF CEA			23d. LOCATIO	(N	COUNTY	st
-	Burial	May	17,198	b St. I	lichae.	L's Cer	ne Fro	stburg,	Alle	gany,
24. F	UNERAL DIRECTOR		ADDRESS		W. Lance			STRAR 256 REGIST	TRAR'S SIGN	ATURE
	John J.	Hafer	.Tr.	A FeVe.T	MD	MAY	2.0 198	15 June	wordson-	Marine

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Edward In committee of the committee of

surface the programment of the delice of the little of the path was the

John J. Rainr, dr. Preis, . MAY 20 895 - Preiss - Press

Later Management of Deleter

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	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	BENE REG. NO.	12875
		CEASED NAME FIRST MONNA	LEAFY WAMI	PLER	IASI	20 DATE OF DEATH MONT	10 110 011
	3 SEX	× FEMALE	4 RACE	MONT	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE HOURS MIN.
-			White	04	05 15		YRS
3		RTHPLACE STATE OR FOREIGN COUNTRY) West Virginia	USA	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO	
0	CU	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES' MEMORIAL HOSP	TAL	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Homemaker	RKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY Own Home
Z		AL RESIDENCE (IF NURSING HOME RYLAND 136 CO		EFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X	RT BOX 44	5/21555
10	14. FA	Salem	MIDDLE LAST Elza		15 MOTHER'S MAIDEN NAMER STATE	WIDDLE	Jordan
1		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS	4-4419	17 INFORMANT	Rthoris,	Box 445
		PART I. DEATH WAS CAU	only one couse per line for (o), (b ISED BY: IATE CAUSE (o)	AND	MAC AR	REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSE	QUENCE OF	0- W.	ITH	YEARS
	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	Se Se	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITIO	ON GIVEN IN PART 110
1	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN II	EM 18 PART I ORPART 7)
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME STREET FACTORY, OFF	141	21f LOCATION STREET	CITY OR TOWN	COUNT
		220 I certify this (i) this his sow it decembed of above (we) (slic) and the second URF	epitals attended the deceased from not they the bedy after death.	Carlon L	nd that in (my) pur) opinion o	death occurred on the date of	that (I) (we) lost and hour and from the couses stated
1		- pres	molow	en	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/8/85

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal MPORTANT. If Item 21 is

236 DATE

5-8-85

James Raver

23a BURIAL, CREMATION, REMOVAL

Burial

Steele Cemetery

Grantsville, MD

231 NAME OF CEMETERY OR CREMATORY

Cumherland, MD21502
EMATORY 23d LOCATION

Friendsville, Garrett, MD

135 DATE REC'D. BY REGISTRAN M. REGISTRAR'S SIGNATURE

143 Sunday American

Memorial Hospital Medical Pldg.

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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 2120	\$
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centuring etained by the hospital or ottending physician.
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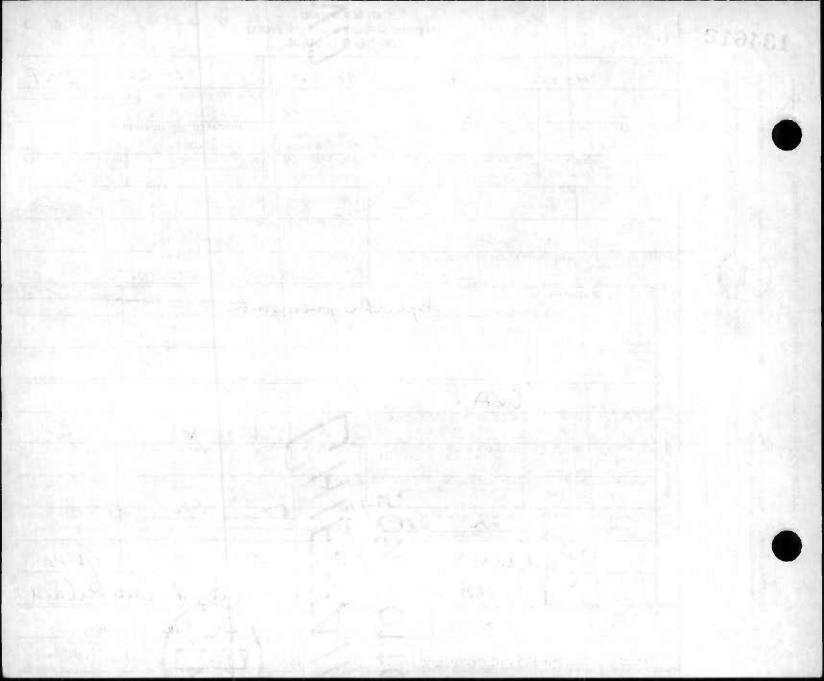
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE		5		1	2	8	7
CERTIFICATE OF DEATH		REG. N	10.				
1.657	2ª DATE OF	DEATH	MONTH	DAY	YEAR	2	L HOL

6

-		OR TATE EGISTRAR		DEPARTM		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO).	
	DECEA	SED NAME FIRST	MIDDLI	E	LAS	1	20. DATE OF DEATH	MONTH DAY YEA	26. HOUR
	(TIPE OR P	Helei	V 1	4.	u	larver	05	5-02-8	2:101
3	. SEX		4 RACE		5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT		
	f	emale	white	е	MONTH	12-21-1898	86	YRS.	AYS HOURS A
16/1		PLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	8		9. BALTIMORE CITY O		1
8/	COUP	PA PA	USA		MARRIED	NEVER MARRIED DIVORCED	Allegan	V	
B 11	O CITY	OR TOWN OF DEATH		PITAL, NURSING	G HOME OR	OTHER INSTITUTION	12a. USUAL OCCUPATIO	ON 126. KIN	D OF BUSINESS
notifie	-	Cumberland	Cumber			Home	OWNER OF WORK FOR MOST OF		l&restaur
	13e. STA1		legany C	city or town	and 1	3d. INSIDE CITY LIMITS? YES NO 🏋	13a STREET ADDRESS Route 8 B	altimore F	ike
	4 FATHE	er's NAME Henry Ryan	MIDDLE	LAST	1	5. MOTHER'S MAIDEN NA FIRST Net	tie (nmn)		LAST
0 / 1		DECEASED EVER IN U.S. AF	RMED FORCES? 166.	SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE	SS	
9/	(YES)		VE WAR OR DATES!	15-20-56	698	Mrs. Helen A	uvil. Cumbe	rland, MD	
21		CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE							ROXIMATE INTERVAL
£		ouse (a), stating the inderlying cause lost.	DUE TO, OR AS						
ury, or o		ART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DI	EATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PAR	T 1(o)
ny injury, or o		ART 2 OTHER SIGNIFICANT	WA	•					
lows ony injury, or o			WA	•		OT RELATED TO THE TERM	200 AUTOPSY? YES NO	DITION GIVEN IN PAR 20b. IF YES, WERE FIN IN CERTIFY ING CAU	NDINGS USED
- 1	CERTIFICATION	ART 2 OTHER SIGNIFICANT DATE OF OPERATION G. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DE	196 CONDITION 216 TIME OF IN HOUR A.M.	• FOR WHICH C	OPERATION Y YEAR		200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH? NO
- 1	CERTIFICATION	ART 2 OTHER SIGNIFICANT DATE OF OPERATION B. ACCIDENT WAS UNDERLYING	216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF II	POR WHICH COLORS	OPERATION Y YEAR	WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO PROPERTY NATURE OF INJUR	206. IF YES, WERE FIND CERTIFYING CAU YES 19 19 PART 1 OR PART	NDINGS USED ISES OF DEATH? NO []
- 1	MEDICAL CERTIFICATION	ART 2 OTHER SIGNIFICANT DATE OF OPERATION B. ACCIDENT WAS UNDERLYING F CONTRIBUTING F CHER NOTHY MEDICAL EXAMINE ALL INJURY OCCURRED WHILE NOT WHILE	216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF II	PER WHICH COUNTY	OPERATION Y YEAR	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND CERTIFYING CAU YES 19 YIN ITEM 18 PART 1 OR PART	NDINGS USED ISES OF DEATH? NO
- 1	MEDICAL CERTIFICATION	ART 2 OTHER SIGNIFICANT DATE OF OPERATION C. ACCIDENT WAS UNDERLYING R. CONTRIBUTING CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE D. INJURY OCCURRED	21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF II (AT HOME, STREET, F	JURY MONTH DAY NJURY ACTORY, OFFICE FA	OPERATION Y YEAR 19 ARM ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO PROPERTY NATURE OF INJUR	206. IF YES, WERE FIND CERTIFYING CAU YES 19 19 PART 1 OR PART	NDINGS USED ISES OF DEATH? NO []
- 1	MEDICAL CERTIFICATION	ART 2 OTHER SIGNIFICANT DATE OF OPERATION C. ACCIDENT WAS UNDERLYING R. CONTRIBUTING CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE D. NOT WHILE AT WORK AT WORK SOW the deceosed blive or	21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF II (AT HOME, STREET, F	JURY MONTH DAY NJURY ACTORY, OFFICE FA	OPERATION Y YEAR 19 ARM ETC 1	WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NOTER NATURE OF INJUR CITY OR TO	206. IF YES, WERE FII IN CERTIFYING CAU YES YES YES YOUNG TO PART 1 OR PART 1 YES YOUNG TO THE T	NDINGS USED ISES OF DEATH? NO 121 STATI
- 1	AEDICAL CERTIFICATION 100 100 100 100 100 100 100 1	ART 2 OTHER SIGNIFICANT DATE OF OPERATION G. ACCIDENT WAS UNDERLYING R. CONTRIBUTING CAUSE OF DE LIF EITHER NOTHY MEDICAL EXAMINE ALINJURY OCCURED WHILE WORK NOT WHILE WORK AL Certify that (1) (this hosp	21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF II (AT HOME, STREET, F	JURY MONTH DAY NJURY ACTORY, OFFICE FA	OPERATION Y YEAR 19 ARM ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET , 19	200 AUTOPSY? YES NOTER NATURE OF INJUR CITY OR TO	206. IF YES, WERE FIND CERTIFYING CAU YES YIN ITEM 18 PART 1 OR PART NO COUNTY	NDINGS USED ISES OF DEATH? NO 121 STATI
hem 21 is morked or hem 1	AEDICAL CRITIFICATION 18a 18a 21c 21c 22c 22c	ART 2 OTHER SIGNIFICANT DATE OF OPERATION C. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DE LIF EITHER NOTHY MEDICAL EXAMINE D. I Certify that (I) (this hosp Sow the deceased blive or obove, (I) (we) (did I	19b CONDITION ATH HOUR A.M. P.M. 21e, PLACE OF II (AT HOME, STREET, F	JURY MONTH DAY NJURY ACTORY, OFFICE FA	OPERATION Y YEAR 19 ARM ETC.) Ond	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET , 19 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN (200 AUTOPSY? YES NOTER NATURE OF INJUR CITY OR TO	20b. IF YES, WERE FII'N CERTIFYING CAU YES YES YES IN THEM 18 PART 1 OR PART YES TO THE PART 1 OR PART 1 OR PART YES TO THE PART 1 OR PART 1 OR PART YES TO THE PART 1 OR PART 1 OR PART 1 OR PART YES TO THE PART 1 OR PA	NDINGS USED ISES OF DEATH? NO 21 21 21 21 31 31 31 41 31 42 43 44 45 46 46 47 48 48 48 48 48 48 48 48 48 48 48 48 48
hem 21 is morked or hem 1	AEDICAL CRITIFICATION 18a 18a 21c 21c 22c 22c	ART 2 OTHER SIGNIFICANT DATE OF OPERATION C. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DE LIF EITHER, NOTHY MEDICAL EXAMINE D. NOT WHILE AT WORK S. L certify that (1) (this hosp SD w the deceosed plive or obove, (1) (we) (did 1)	19b CONDITION ATH HOUR A.M. P.M. 21e, PLACE OF II (AT HOME, STREET, F	JURY MONTH DAY ACTORY, OFFICE FA	OPERATION APPLICATION OPERATION OPERATION OPERATION OPERATION	211. LOCATION STREET ATTENDING PHYSICIAN TO ADDRESS	ZOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TOV deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FII'N CERTIFYING CAU YES YES YES IN THEM 18 PART 1 OR PART YES TO THE PART 1 OR PART 1 OR PART YES TO THE PART 1 OR PART 1 OR PART YES TO THE PART 1 OR PART 1 OR PART 1 OR PART YES TO THE PART 1 OR PA	NDINGS USED ISES OF DEATH? NO 21 21 21 21 31 31 31 41 31 42 43 44 45 46 46 47 48 48 48 48 48 48 48 48 48 48 48 48 48
MPORTANT: If Hem 21 is morked or Hem 1	MEDICAL CERTIFICATION (CATCATION ALL STATEMENT ALL STATEME	ART 2 OTHER SIGNIFICANT DATE OF OPERATION C. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DE LIF EITHER NOTHY MEDICAL EXAMINE D. I Certify that (I) (this hosp Sow the deceased blive or obove, (I) (we) (did I	216. TIME OF IN HOUR A.M. R) P.M. 21e. PLACE OF II (AT MOME, STREET, F iitol) oftended the de	JURY MONTH DAY NJURY ACTORY, OFFICE FA ceosed from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	OPERATION ARM ETC.) DE	216. HOW INJURY OCCUR 216. LOCATION STREET that in (my) (our) opinion EGREE ATTENDING PHYSICIAN (1) 272. ADDRESS WETERY OR CREMATORY est Burial Pk	200 AUTOPSY? YES NOTE NOTE CITY OR TOTA TO DIRECTOR PHYSIC 23d. LOCATION CITY OR TOWN CITY OR TOWN CUMBER 1 AUTOPSY?	206. IF YES, WERE FIR IN CERTIFYING CAU YES YES YES YES YES YOUNTERM 18 PART 1 OR PART YES TO THE ONLY TO THE OR PART YES TO THE ORD THE OR PART YES TO THE ORD THE	NDINGS USED ISES OF DEATH? NO [] 21

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



SCARPELLI F.H.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5		2	

	REGISTRAR CUMBERL	AND, MD 215	02 CERTIFI	CATE OF DEATH	REG. NO	D.		
1	1. DECEASED NAME FIRST	MIDDLE	L/	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
1	EUGE	NE DOYLE	WE	BER	MAY 11	, 1985	5	10:41Am
1	3. SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	male	white	Aug.	16,1911	73	YRS.	UM13	HOURS MIN.
7	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	□ NEVER MARRIED □	9. BALTIMORE CITY O		DEATH	
7	COUNTRY) MD	USA	WIDOWE		ALLEGANY	COUNT	ry	MD
	Cumberland	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR SACRED HEAR'	RSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF TETITED	NO	126. KIND O	entry
		INTY I3c. CITY OR TO		13d. INSIDE CITY LIMITS? YES 🖄 NO 🗌	13e SIREET ADDRESS / 235 Paca	Street,	/21502	2
/	14 FATHER'S NAME FIRST Lewis F. We	eber LAST		15 MOTHER'S MAIDEN NAME FIRST	ie Smith		LAS	ST .
	160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRE		1.45	
1	yes WW	II 214-07	-1822	Mr. Gene G.	Weber, Cumb	erland	, MD -	- son
	PART I. DEATH WAS CAUS	inly one couse per Inglor (d), (b), ED BY: ATE CAUSE (a)	Falle 1	CARIMANNA PRIMI	Inberry		SETWEEN O	MATE INTERVAL ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [CONDITIONS CONTRIBUTING T	TO DEATH BUT I		INAL DISEASE OR CONE	DITION GIVEN		Zuuc Var
4	DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION	WAS PERFORMED		CERTIFYIN	G CAUSES	OF DEATH?
-	OR CONTRIBUTION CALLES OF DE		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF MUIN	YES [1 OR PART 2)	NO []
	THE NOTWHILE ALL WORK ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	ICE, FARM ETC)	211 LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
		n19 ot) view the bady after death.		d that in (my) (our) opinion	, to death occurred on the do			that (1) (we) last causes stated
	226. SIGNATURE	more mo		ATTENDING PHYSICIAN	MEDICAL STAF		5 11	85
	22d. PHYSICIAN'S NAME ITYPE	OPPRINT)		22e. ADDRESS			11	
	DR, GARY L				WALSH DRI	VE, CUN	BERI	AND MD
	230. BURIAL, CREMATION, REMOVAL DUTIAL			EMETERY OR CREMATORY	23d LOCATION	-1 03 2	OUNTY	STATE
	DUITAL 24 FUNERAL DIRECTOR	05-14-1985	Sunset I	Memorial Park	Cumberlai E REC'D. BY REGISTRAR		egany	
	14 FUNERAL DIRECTOR			Zia DAI	E KEUD. BY KEGISTRAKI	ADD. KEGISTRA	K S SIGNAL	UKE

DHMH - 16 50M 4/B3 (VRA 15, 4)

MPORTANT.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, or

James F. Scarpelli, Cumberland, MD 21502

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

AY 15 1985 July Devider-Rondall

8.011

SCANDSHIN F.H. 108 VA. AVE CURERLAND, NO 21502

COME DOYLE SHEET HAYOU SMEDIA

Fug. 16,1911

77,7,73

ON. CARY L. MOONING SECOND VILGE STEEL CHARRILING, MI

DIVISION OF VITAL RECORDS, 20	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires retained by the hospital or attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 containing physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and companies or the interest page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages in the part of Health and Mental Hygiene prior to burnal, cremation, or removal
MAPORTANT: If Item 21 is marked or Item 18 shows any injury, a	MPORTANT: If Rem 21 is morked or Item 18 shows ony injury, or other troumotic event, an amelian from the property of the prope

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

LECKEMBY FUNERAL HOME

	ECEASED NAME FIRST	PA 15552		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYP)	SAM JEI	RALPH	WE	IMER	MAY 11.	1985		1:50
3 SE		4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24
	Male	White	Dec	21 1905	79	YRS	MONTHS DAYS	HOURS
To B	COUNTY)	76 CITIZEN OF WHAT COL	MARRIE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C			
14 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI SACRED HEA	IVE STREET ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired	ION OF WORKING LIF	126 KIND O	
13a. S		UNTY 13c CITY C		136 INSIDE CITY LIMITS?	307 Keys	/ ZIP CODE tone	St. 9	999
14 FA	Milton W	eimer	AST	15 MOTHER'S MAIDEN NAME FIRST Anna	MIDDLE		Reese	Ť
16a V	WAS DECEASED EVER IN U.S. (15 YES, NO OR UNKNOWN) (15 YES, 1	GIVE WAR OR DATES)	01-2701	Rita Q. We	eimer Meg	Kèyst yersd	one Stale, Pa	1. 15
		only one couse per line far SED BY: ATE CAUSE (a)	NSEQUENCE OF	truy for	lure	10	SCIWIEN	MATE INTERV ONSET AND DI
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO SPASA CON	MEDINE C	Cardin A	Des out	uj_		
IFICATION	gave rise to immediate cause (a), stating the underlying cause last.	5 00 100	N FOUNDED F	2 Ondio A	200 AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	GS USED OF DEATH
AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	T CONDITIONS CONTRIBUTED 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON	WHICH OPERATION	2 Ondio A	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDIN YING CAUSES S	GS USED
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTED 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	2 Ondio A NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	GS USED OF DEATH
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	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CA	DUE 10 P SA CONTRIBUTE 196 CONDITION FOR 196 CONDITION FOR 196 CONDITION FOR 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY) 111 When body after de all 112 EW LIKE body after de all 113 CONDITIONS 114 CONDITIONS 115 CONDITIONS 116 PLACE OF INJURY (AT HOME STREET, FACTORY) 117 CONDITIONS 118 CONDITIONS 119 CONDITIONS 119 CONDITIONS 110 CONDIT	WHICH OPERATION TH DAY YEAR 19 OFFICE FARM STC)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCURE 21l LOCATION STREET 19 and that in (my) (our) apinion of DEGREE ATTENDING	200 AUTOPSY? YES NO CENTER NATURE OF INJU	20b, IF YES IN CERTIF YE RY IN ITEM 18 P	S, WERE FINDING CAUSES S CAUSES S COUNTY	NGS USED OF DEATH NO STA
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AUGUST AT WORK AT WO	T CONDITIONS CONTRIBUTED TO CONDITIONS CONTRIBUTED TO SEATH HOUR A.M. MON P.M. 216. TIME OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY). While the deceased of	WHICH OPERATION TH DAY YEAR 19 OFFICE FARM STC)	2 ONLIO M NOT RELATED TO THE TERM IN WAS PERFORMED 211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	20b. IF YES IN CERTIF YE IN ITEM 18 P	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED OF DEATH NO STA

STATE OF MARYLAND

DHMH - 16 60M 7/8 (VRA 15, 4)

JECKERSY FINITAL HYES 203 NORTH STREET NOVET GRALE, PA 15552

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TO FUNERAL DIRECTOR: After this certificate has been signed by the

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IMPORTANT: If them 21 is morked or them

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FOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL H	YGIENI
CERTIFICATE OF DEATH	

REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.			
1. DECEASED NAME	FIRST		MIDDLE		AST	20 DA			DAY YEAR	2b HOL	JR
(TYPE OR PRINT)	Pau1		Elmer	W	enrich		M	ay 30	, 1985	2::	30 A
3 SEX		4 RACE	Marie Control	5. DATE (6 AGE	(IN YEARS LAST BIR	THDAY)	MONTHS DATE	HOURS	R 24 HRS
MALE		WHITE		APR			79	YRS	MOTENS DATE	- CONS	Ni Irea
To BIRTHPLACE -(STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BAL	TIMORE CITY O		Y OF DEATH		
MARYLAND		USA		WIDOW			Allega	nv			MD
10 CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OF OTHER INSTITUTION		SUAL OCCUPATION WORK FOR MOST C	ON	12b. KIND C)F BUSIN	
CUMBERLAN	D	LIONS	MANOR NUR		HOME			ENESE		SILE	-
USUAL RESIDENCE (IF N 130. STATE MARYLAND	13b COU		GIVE RESIDENCE BEFORE 13G CITY OR TOWN CUMBERLAN	N	13d INSIDE CITY LIMITS		REET ADDRESS NORTH L			87	500
14 FATHER'S NAME					15 MOTHER'S MAIDEN	NAME					
GEORGE	W	WIDDIE	WENRIC	H	MAMIE		WIDDLE	MAF	RTIN	Л	
160 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT	*	ADDRE		0150	20	
YES NO OR UNKNOWN)		WW 11	214-07-4	4805	mrs james c	often ^L	AYALEEO	CES (REEKIBI	AD.	
PART 2 OTHERS	immediate ating the use last.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TI	ERMINAL D	isease or con	DITION GIV	VEN IN PART III	a	
STO VOCIDENT MAS	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTII	S, WERE FINDIN FYING CAUSES		TH?
	CAUSE OF DE	AIR	DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCC	CURRED (E				NO	
OR CONTRIBUTING E (IF EITHER NOTIFY M 21d INJURY OCCI WHILE NOTIFY M AT WORK AT	JRRED WHILE WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC }	211 LOCATION STREET		CITY OR 10	wN	COUNTY	5	STATE
saw the dece	ased olive are (did) (did no	Can		5,0	nd that in (my) (aur) opin DEGREE ATTENDING PHYSICIAN	G MED	CCUrred on the discoursed on the discoursed on the discourse of the disco	FF			
		han, M.	D.		LMNH, Set	ton Dr	ive Cur	nher1	and MD	2150	12
23e BURIAL, CREMATIO				IAME OF C	EMETERY OR CREMATOR		LOCATION	DerTa	and, III	2130	14
(SPECIFY)	, , nemo val	230.00	230.7		CHERT ON CREMATO	254	CITY OF TOWN		COUNTY	5	STATE

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retained by the hospital

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL JUNE

24 FUNERAL DIRECTOR

1985 ZION MEMORIAL PARK

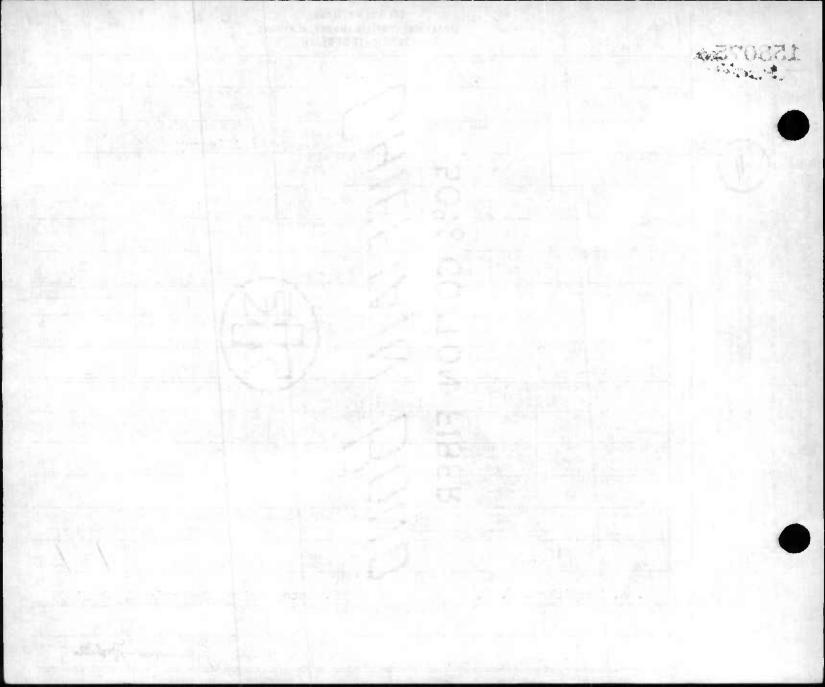
RK CUMBERIAND ALLEGANY MD.

750. DATE REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

THE PROPERTY OF THE PROPE

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ADDRESS SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND



158923 FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	5	2	3	8	

1	REGISTRAR			CERTIF	ICATE OF	DEATH	F	REG. NO.		
1	I DECEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DE			2b HOUR
1	(TYPE OR PRINT)	EVELYN	MATILDA	WIL	SON			May	26,1985	12:45 p
-]	3 SEX	4. RACE		S. DATE O		War -	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	
,	FEMALE	WHI	ITE	NOV	20	1920	64	Y	MONTHS DAYS	HOURS MIN.
-	70 BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 76 CITIZEN	OF WHAT COUNTR	Y? 8 MARRIE	D NEVEL	R MARRIED	9 BALTIMORE	CITY OR COU	INTY OF DEATH	
/	MARYI ANI			WIDOW	-	DIVORCED T	ALLEGA!	TV		MD.
٩	10 CITY OR TOWN OF DEA	CIENIOT	OF HOSPITAL, NURS		OR OTHER IN	STITUTION	TYPE OF WORK FOR	UPATION		OF BUSINESS OR
	Cumberland	M	emorial Ho				TYPE OF WORK FOR	JUSEWIE	E	
3	USUAL RESIDENCE (IF NURS	ALLEGANY	13 CUMBER		13d. INSIDE	CITY LIMITS?	13e STREET ADD		CODE ST	500
	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	AME	IDDLE	VII DI	CY
1	ALBERT	711000	KAT.VI IHN		1 - 5	HAZEI			OCHRAN	31
7	160 WAS DECEASED EVER	IN U.S. ARMED FORC	ES? 166 SOCIAL SE	CURITY NO	17 INFORA			ADDRESS	MOLITARY	
-	NO NO	(IF TES GIVE WAR ON DAT		219-03-8543 CAROLE KEISE			R PINTO, MARYLAND 21556			
	IB CAUSE OF DEAT	H (Enter only one cous			0	5 0				DEATE INTERVAL (DATE) AND DEATH
	PART I. DEATH W	VAS CAUSED BY: IMMEDIATE CAUSE (of the	ev	Kra	elun	e		1/2	with
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any	Conditions, if ony, which (b) Welestatu desease								
	gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF						1	-7	4-	
		underlying couse lost			er of colon				70	nouth
3		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
	NOI									
	190 DAJE OF OPERA	190 DATE OF OPERATION 196. CONDITION FOR WHICH			HOPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
	THE TUE	Jet 55 Carred			B certan				YES 🗌	NO 🗌
	OR CONTRIBUTION		ME OF INJURY R A.M. MONTH	DAY YEAR	21c. HOW	INJURY OCCUR	RRED (ENTER NATURE	OF INJURY IN ITEA	M 18 PART : OR PART 2)	
	S (IF EITHER NOTIFY MEDI	ICAL EXAMINER)	P.M.	19						
	18 EITHER NOTIFY MEDI	(AT HO)	ACE OF INJURY	E. FARM ETC)	211 LOCA	ION	CI	TY OR TOWN	COUNTY	STATE
Ì	AT WORK NOT WE	HILE DIRK								
		his hospitol) ottende			2				5 19 85	100
	sow the deceas obove (1) we)	ed olive on	ody other death.	85	~	y) (our) opinion	deoth occurred or	the date and	hour and from the	
	2 b. SIGNATURE	111			DEGREE	ATTENIONA	- 445546.44	CTAFF	22. DATE	SIGNED
	thomas	themas feeting MY ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							5/	28/85
	22d. PHYSICIAN'S N	17.6. PHYSICIAN'S NAME (TYPE OR PRINT) 17.6. ADDRESS Memorial Hospital Medical Building								
	Dr. Thom	as Lewis			Memor	tal Ave	c., Cumbe	rland,	Md. 215	02
	230 BURIAL, CREMATION,		E 23	NAME OF C		RCREMATORY	23d. LOCATIO	N	COUNTY	STATE
	BURIAL	MAY	29 1985 j	HILLCRE	EST C	EMETERY			LLEGANY N	
	24 FUNERAL DIRECTOR					25a. DA	TE REC'D. BY REGI	STRAR 256 RE	GISTRAR'S SIGNA	TURE
	SILCOX-N	ÆRRITT FUN	ERAL HOME	CUMBER	RLAND I	DMAY :	3 1 195	gula De	widow - for	1

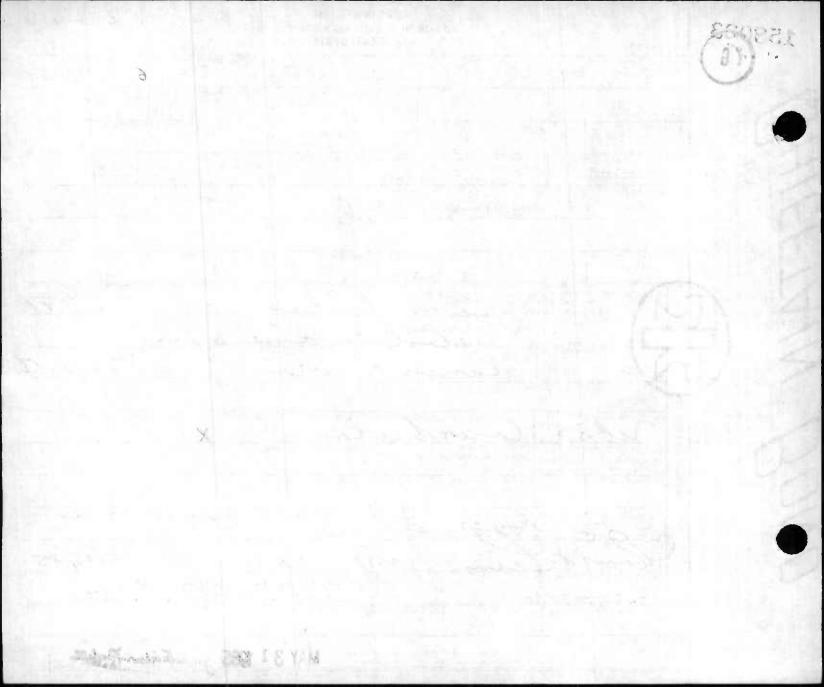
DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as TO FUNERAL DIRECTOR.

IMPORTANT: If hem 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN: The



		SCARPELLI FU			OF MARYLAND	8 5	12	881	
Kanne !	1-	STATE 108 VIRGINIA			ALTH AND MENTAL HYG CATE OF DEATH				
60051	REGISTRAR CUMBERLAND, M D 21502 CERTIFICATE OF DEATH					REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR			
poge 3	(TYPE	OR PRINT)	DEAD! LINE FOR		FRI TCK	MAY 31, 19	0 =	6:30 PM	
	3 SEX		4. RACE 5. DATE		BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) # UNDER I	YEAR IF UNDER 24 HRS	
of of	-	Female	White	Sept	. 4. 1888	96	YRS.	DAYS HOURS MIN	
1 11 10	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		7h CITIZEN OF WHAT COUNTRY? 8		□ NEVER MARRIED □	9 BALTIMORE CITY O		н	
	PA		USA	WIDOWED			NY COUNTY	MD.	
1 11 (6)	Cumberland		11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			120 USUAL OCCUPAT	OF WORKING LIFE) INDUS		
- X 35			SACRED HEART= HOSPITAL OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 4TY 1136 INSIDE CITY LIMITS?			l Housewife		ome	
			Legany Frostburg 13d Inside city Limits?		13e STREET ADDRESS		21532		
1 1 1 1 1	14 FA	THER'S NAME	15. MOTHER'S MAIDEN N.			AME			
1696	y	John Riley Va		Johnanna Hicks					
xecu dico		VAS DECEASED EVER IN U.S. ARA		IRITY NO.	7 INFORMANT	ADDRI	ESS		
on on one s. Pogie		No	193 36 9	803	John Wunde	rlick Cum	berland. M	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
hysici paper ovol.		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per line for (a), (b) and	dicii	anotesa /	kin A	BETV	PROXIMATE INTERVAL	
ng plug plug plug plug plug plug plug plu		MARCHATE CAUSE (a) Cardio-Respiration Arrest							
tendi e cor on, or		Conditions, if any, which () DUE TO, OR AS A CONSEQUENCE OF VESICAL FISTULA							
he of emov matie		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
by the		underlying cause last (c) (c)							
urres rigned en ple en ple o burre, o ury, o	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
v req	CAL CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED			
bon. hos b						YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO		
N. T.		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN HEM 18 PART I OR PAR	11 2)	
SICIA ig ph riol-t entol		OR CONTRIBUTING CAUSE OF DEAT	P.M.	19					
this of the bunder of dor	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE	
NG After os the os the or the		WHILE NOT WHILE AT WORK							
FEND Tolo OR THeo		22a.1 certify that (I) (this hospite saw the deceased olive on_	al) attended the deceased from	and	that in (my) (aur) apinion	death accurred on the d	ote and hour and from	that (I) (we) last	
RECTI RECTI RECTI Ppt. of ppt. of		saw the deceased olive on							
the Distriction of the Districti		M D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							
HOSPITAL ned by the FUNERAL uld be det in the Store	-	224. PHYSICIAN'S NAME (11 ORPRINT)			22e ADDRESS				
1000+		SIKANDER SAND	HIR, MD		48 TARN TERR	RACE. FROSTE	BURG. MD 2	1532	
0 f 5 f 3 x	230 E	URIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY	STATE	
BP	246	Burial	6-3-85 A1	toona	Fairview Cem	. Altoona	Blair Pa		
DHMH- 16 60M 7/84		carpelilo uneral Home Cu	mberland, MDDPRESS 2	1500	250. DA1	E REC'D. BY REGISTRAR			
(AKV-42-4)	L.,	Funeral Home Cumberland, MD 21502 JUN 05 1085 Julia Buildon Randalle							

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AL MANAGEMENT OF THE PROPERTY